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UNIVERSITY OF ALBERTA

CURRICULAR CHANGE: NURSE EDUCATORS' CONCERNS

BY

SHIRLEY FISK (C)

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION.

IN

ADULT AND HIGHER EDUCATION

DEPARTMENT OF ADULT, CAREER AND TECHNOLOGY EDUCATION

EDMONTON, ALBERTA

FALL 1991

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled CURRICULAR CHANGE: NURSE EDUCATORS' CONCERNS submitted by SHIRLEY FISK in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION in ADULT, CAREER AND TECHNOLOGY EDUCATION.

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July 2, 1991

ABSTRACT

One of the most important factors influencing the success of an educational innovation is the concerns educators have about the innovation. The purpose of this study was to determine at what Stages of Concern nurse educators are during the planning and development phases of curricular change in the Collaborative Baccalaureate Nursing Program in Edmonton, Alberta.

A survey instrument (from the Concerns Based Adoption Model) was distributed to nurse educators in four nursing institutions. Frequency counts, percentage distributions, mean scores, and rank order of mean scores were used for analyzing the degree of intensity of concern. Further exploration into nurse educators' concerns was done through open-ended questions. Concerns were examined using the demographic variables institution, educational level, and nurse educator experience.

It was concluded that as a group, nurse educators are most concerned with how the Collaborative Program might directly affect them. Other concerns important to nurse educators include the impact the Program may have on students and the issues related to the coordination of activities between the participating institutions. Additional findings of the

investigation determined that concerns may be program specific in that hospital-based nurse educators experienced higher intensity of concerns across all stages than did university-based nurse educators. They also cited personal concerns as most intense while university-based nurse educators cited collaborative concerns as most intense. Education level may also be a determinant of concerns in that nurse educators with higher education may experience higher Stages of Concern.

The results of this study present ideas for staff development strategies and approaches, promote the recognition of concerns as a legitimate part of the change process, and provide an opportunity for the personal and professional growth of nurse educators.

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CHAPTER 1

INTRODUCTION

Social psychological models of change have focused primarily on how people learn and develop attitudes, concepts, and coping skills (Withall & Wood, 1982, p. 253). In spite of this focus, research studies of change emphasize the perspective of change agents rather than those who will directly be affected by the change process (Klein, 1969, p. 499). Literature that does focus on users' attitudes often emphasizes their tendency towards resistance. Because of these factors, Klein contends that the knowledge of change dynamics is incomplete.

Research on change has been concerned with the product (innovation) and has "tended to view the subject (teacher) as a passive recipient of change" (Boag, 1980 p. 22). This ignores teachers' perspectives. It is important to understand teachers' feelings before effective change strategies can be implemented (Carr, 1985, p. 2) because "educational change depends on what teachers do and think" (Fullan, 1982, p. 107).

In 1987 the Alberta Association of Registered Nurses (AARN) published a policy statement entitled *Entry to Practice 2000: An Action Plan for 1987-2000* (AARN, 1987a). This policy supports the baccalaureate degree as the entry level to

nursing practice by the year 2000. Partially in response to *Entry to Practice 2000* (EP 2000), representatives from five Edmonton nursing programs initiated a collaborative project in order to prepare for increasing the accessibility to baccalaureate education for nursing students. Three of the five nursing programs are hospital-based , one is college-based, and one is university-based.

There is a growing awareness and support within the nursing profession for the need to raise educational standards. The rationale for this comes from an awareness of the changing nature of nursing and nursing practice (Kerr, 1991a). Baumgart and Larsen (1988) suggest that more basic education may be needed if nurses are to adequately cope with a changing world and the changing pattern of nursing practice. "The competencies that should be fostered are those that universities traditionally seek to develop" (p. 319).

The hospital-based and college-based programs will adopt a similar curriculum that allows nursing students to complete the first two years of a baccalaureate program. Students will then be eligible to transfer to year three which is offered at the university-based program. A diploma program exit route is proposed at the hospital-based programs as an alternate route for students not wishing to attain their baccalaureate degree. This would be accomplished by completing a specified number

of additional weeks of theory and practice following the two year program. Diploma completion plans for college students are currently in the initial stages of development.

It is proposed that the Collaborative Baccalaureate Nursing Program be implemented in September of 1991. This Program presents an educational innovation so new that little has been written to date in nursing literature. When the Program is implemented, it will be the result of many planned changes in the nursing curriculum. Although nurse educators have played important roles in the planning and development of this Program, the anticipation of curriculum change remains an impetus for a variety of nurse educators' concerns.

A critical factor which has significant influence on the success of educational innovation, including the Collaborative Program, is an understanding of concerns those affected have about curricular change. Nurse educators, for example, may fear the uncertainties that accompany change not only for themselves but also for students. They may also consider the practicality of change in relation to how it will impact their professional roles as well as their personal lives. The importance of nurse educators' concerns to educational innovation cannot be appreciated or understood unless the existence and nature of concerns are recognized as a legitimate parts of the change process.

Background to the Problem

Nursing Education

History. Historically, nursing education in Canada (and in most other countries) has had a strong orientation towards clinical skills and practice and a lesser emphasis on theory and nursing knowledge. The service-over-theory focus is primarily due to the traditional exploitation of nurses by hospitals as a cheap labor source. As a result, nurses' educational needs were sacrificed by the health care economy.

One of the first major driving forces for a movement away from service centered education was the Weir Report of 1932. The Report, a nation-wide comprehensive survey of hospital-based nursing schools in Canada, recommended that nursing programs be incorporated within the general education system and be financially independent of hospitals. Since the publication of the Weir Report, steady progress has been made by diploma nursing schools towards meeting this recommendation and improving the standards of nursing education. Baccalaureate nursing programs have also become hospital independent as a result of efforts by nursing education administrators to completely integrate them within university faculties.

Although substantial improvements have been made in nursing education, most have been reactive in nature in that ideas for changes have not been initiated from within the ranks of the profession. Such changes have been slow to develop, implement, and are usually subject to controversy among the membership. Dickerson (1979) believes that nurses must have the "foresight to initiate change" (p. 1) in order to ensure the successful future of the nursing profession (Field, 1978; Jolley, 1987; Kerr, 1991, 1991a; Murdock, 1986).

Curriculum Development. At the turn of the century, nursing curricula was based on a simple analysis of bedside functions that students were expected to master. Little uniformity existed among nursing schools in spite of the domination of the apprenticeship format and emphasis on the medical model of disease. It was not until the 1950s that "structural diversity and growth" in nursing curricula began (Murdock, 1986, p. 26). This growth initially was influenced primarily by the acceptance of the Tyler rationale for curriculum development (developed by Ralph Tyler in 1949). The Tylerian behaviorist model formed the foundation of curriculum development efforts by providing learning objectives, learning activities, and evaluation criteria which are behaviorally defined and presumed measurable. It stimulated the experimentation and growth in nursing curricula which

characterized the 1950s and 1960s. The popularity of the Tylerian model endured for more than thirty years and is still evident in some aspects of nursing education today (Murdock, 1986; Bevis, 1989).

The 1960s and 1970s were periods of professional awakening in nursing. Hospital-based training programs were rapidly moving into academic settings at a time when educators were recognizing a growing need for a distinctive body of knowledge for nursing education and practice. Nursing education was also changing to emphasize student creativity, critical thinking, and holistic nursing care. The behavioral model developed by Tyler was questioned more frequently by educators as to whether it was meeting the needs of a changing curriculum (Bevis, 1989; Murdock, 1986; White, 1983).

In Canada the diploma nursing programs (hospital and college-based) and the baccalaureate nursing programs (university-based) lead to eligibility for professional registration. In Alberta, the greatest number of students (2239) are enrolled in diploma programs. There are 601 students across the province enrolled in baccalaureate programs (Government of Alberta, 1990).

Alberta has assumed a leadership role in a proposed educational innovation that will increase access for students to baccalaureate education. The desire of the nursing profession

to gain autonomy over its practice and the growing awareness of the changing needs of health care consumers has led to this movement. This initiative is a major step towards the AARN Entry to Practice 2000 policy statement.

Process of Change

Fullan (1977) defines educational change as any instructional alteration related to the educational experience of students. Previous attempts at educational change in the 1960s indicate that emphasis on the role of teachers in the change process may be less than adequate (Hall, 1978; Olsen, 1985). Traditionally, innovation technologies and organizational structures have taken precedence over the individual, which may have contributed to the failure of many of the earlier educational reforms (Hall & George, 1979; Rutherford & Murphy, 1985; Vandenberge, 1984).

Curriculum development and organizational change were considered equal elements in the early models of change. The role of teachers was to modify existing practices in order to *fit* into the innovation. Later models, however, recognized the critical role of teachers--and specifically their attitudes--towards educational change. Lewin's (1951) three-stage change theory model and Rogers' (1962) later five-stage expansion of Lewin's theory are classic examples of humanistic models

which are still relevant. These models view individuals and their attitudes as critical components of change.

Current conceptions of curriculum change, however, still reduce an educator to an element to be manipulated and provide no real role in the change process (Fullan, 1982; Olson, 1985). Studies which start from the perspective of the educator may help to better explain the success or failure of implementing a new curriculum. Fullan believes "If educational change is to happen, it will *require* that teachers understand themselves and be understood by others" (p. 107). The important role individuals play in the change process, as reflected in Lewin's and Rogers' models, is no less critical for nurse educators and nursing educational innovations.

Concerns Based Adoption Model

The need to recognize teachers' concerns as an integral part of the change process is emphasized in the Concerns Based Adoption Model (CBAM) developed by Hall, Wallace, and Dossett (1973). In this model, the individual, not the group, is considered to be a distinct unit of analysis. The assumptions of the CBAM include the beliefs that innovation adoption is developmental, definable, measurable, and may be predictable. There is an emphasis on educational change as a *process* and the *individual*, not the institution, as the focus of change.

The concerns component of the CBAM provides a method of examining concerns teachers have throughout the change process. The CBAM identifies and defines seven *Stages of Concern* (SoC) teachers may report as they experience change. Teachers who are at Stage 0 (Awareness) do not have concerns about the innovation because they do not perceive it as relevant to them. When teachers report concerns at Stage 1 (Informational), they usually indicate a need to find more information about the change. Concerns expressed at Stage 2 (Personal) include all aspects of the innovation as it affects teachers on a personal level. Stage 3 (Management) concerns relate to the operational use of the innovation. When teachers attend to Stage 4 (Consequence) concerns they focus on how the curricular change may influence students. The concerns related to cooperating with others are represented in Stage 5 (Collaboration). Stage 6 (Refocusing), the final stage, includes concerns teachers may have when they are experienced with an innovation. These concerns relate to achieving educational goals by modifying the existing innovation or further exploring alternate plans.

The intensity and type of concerns teachers have are specific to the individual because they are dependent upon personal values, knowledge, and experience. Concerns also vary across the phases of the curricular change process. The

CBAM's descriptions of concerns teachers have when they experience change provide an assessment tool for determining strategies to assist teachers during the change process. Attending to teacher concerns and recognizing them not as positive or negative forces, but as part of the change process, is critical if success of the innovation is to be a viable consequence of planning and development.

Research Problem

Nurse Educators and the Change Process

The degree of acceptance or adoption of an innovation by nurse educators can only be understood by an examination of the values and subsequent attitudes which influence such choices. Epstein (1976) suggests that educators accept innovations for the sake of *compliance* with others, *identification* with others, or because the innovation is congruent with their own values (*internalization*). Response to change may not be so simple because nurse educators' perception of change is a dynamic process which may be affected by many potentially influencing factors.

Doyle and Ponder (1977) have developed a typology of teacher response to change which is represented in the change literature. This typology can be readily applied to nurse educators. According to Doyle and Ponder's analysis of the

change literature, nurse educators would respond to change in one of two ways (a) nurse educators who readily accept change when given sufficient information (rational adopters), and (b) nurse educators who resist change because they find it too difficult to let go of traditional beliefs and practices (stone-age obstructionists) or see no practical use for it (pragmatic sceptics). It is difficult if not impossible to predict how nurse educators will respond to change although the few studies that have been done in this area indicate that they are receptive to change (Carr, 1985; Douglin, 1973). Other educational studies that have been done indicate teachers have influential roles in the success of the change process (Wiens, 1967; Fahey, 1985).

Entry to Practice 2000

In response to the policy statement made by the AARN (EP 2000, 1987a) five institutions in Edmonton have jointly proposed an articulation plan (Collaborative Program in Nursing Education) for increasing accessibility of baccalaureate education for students.

According to this plan, the first two years of the Program are offered at hospital and college-based diploma program sites. At the end of the second year, students choose between transferring to year three at the university-based program or an alternate diploma exit route (Andrews, 1989). Students

from either program are qualified as graduates to write the Canadian examinations for licensure as Registered Nurses.

Accomplishing the goal of EP 2000 will demand a restructuring of the current nursing education system. Neither the diploma nor baccalaureate programs will escape the forces of change. The critical role teachers play in the change process needs to be recognized if educational innovations are going to exist beyond the planning stages or be implemented in the ways set out in the planning process.

Statement of the Problem

It is the aim of this inquiry to examine the impact curriculum change has on nurse educators' understanding of their responses towards change by identifying concerns which influence those responses. The research question for this study is:

At what Stages of Concern are nurse educators during the planning and development phases of curricular change in the Collaborative Baccalaureate Nursing Program in Edmonton?

Definition of Terms

The following terms are defined in the way they will be used in this study.

Areas of Concern

The concept of areas of concern has three components: Self; task; and impact. In this study, *self* concerns relate to concerns that affect the individual at a personal and professional level. *Task* concerns focus on all operational activities resulting from the curriculum change. Concerns which address the effects of curriculum change on students and curriculum related activities, are categorized as *impact* concerns.

Collaborative Program in Nursing Education

This term refers to a collaborative effort which has been initiated among five nursing institutions in Edmonton for the purpose of increasing accessibility for nursing students to baccalaureate education. Students would complete the first two years of studies at one of the current diploma sites and then choose to either stay and complete the diploma exit route or transfer to the third year of the program at the University of Alberta. In this study, the program is also referred to as the *Collaborative Baccalaureate Nursing Program* and the *Collaborative Program.*

Concerns

The concept of *concerns* is taken from the work of Shirley Hord, 1981 (p. 3): "concerns are feelings, attitudes, thoughts,

or reactions an individual has related to an innovation, or some new idea, practice, program, or process."

Curriculum Change

The concept of curriculum change in this study is derived from the work of Fullan (1977) and refers to any or all alterations in instructionally related experiences for students. For example, students' experience may relate to philosophy, values, objectives, organizational structures, materials, and teaching strategies. Although there are some distinctions among the terms innovation, reform, and curriculum change, they are used interchangeably in this study.

EP 2000

EP 2000 refers to the policy statement by the Alberta Association of Registered Nurses: Entry to Practice 2000: An Action Plan for 1987-2000 (AARN, 1987a). This statement specifically refers to student nurses graduating from nursing programs in Alberta and entering the practice of nursing in the year 2000. In order to qualify as practicing nurses, these graduates and all subsequent graduates would require a baccalaureate degree in nursing. EP 2000 makes no reference to any nurses who graduate before the year 2000 (Kerr, 1991).

Hospital-based Nursing Program

A hospital-based nursing program affiliates primarily with one hospital. The nursing institution is also geographically located on the hospital site. The hospital-based programs in this study presently offer diploma nursing programs.

Nurse Educators

In this study, the term *nurse educators* refers to instructors involved in diploma and baccalaureate nursing programs who (a) are Registered Nurses, (b) are primarily involved in teaching, not administration, and (c) have attained a baccalaureate degree or higher in nursing or a related field of study.

Nursing Diploma Program

A two, two and one half, or three year program of studies which qualifies graduates to write the examination for licensure as a Registered Nurse.

University-based Nursing Program

A university-based nursing program is located at a university site and is a part of the university's Faculty of Nursing. It may be affiliated with more that one hospital. The university-based program in this study currently offers a four year generic baccalaureate program.

Organization of Thesis

This chapter introduced the investigation of nurse educators' concerns by providing a brief descriptive background focusing on nursing education, curriculum development, and the change process. The research problem was stated and definitions of terms as they are used in this study were provided.

The second chapter addresses the literature related to nursing education, curriculum change including models of change and teacher response to change, and describes the Concerns Based Adoption Model.

Chapter 3 provides a detailed review of the methodology used in this study. Descriptions are given about the participants, survey instrument, pilot study, and procedures related to data collection and analysis.

A discussion of the findings from the survey instrument is provided in Chapter 4. Nurse educators' responses from each of the three sections of the survey instrument provide the basis for analyses and discussion.

The fifth and final chapter provides a summary of the research project. This chapter also presents conclusions based on the findings. A number of recommendations and implications for education and specifically nursing education

have been determined as a result of the investigation of nurse educators' concerns about curricular change.

CHAPTER 2
REVIEW OF THE LITERATURE

The purpose of this chapter is to review literature which addresses the subject of educational change. The first section provides information about nursing education, specifically focusing on an historical perspective, curriculum development, and the Entry to Practice 2000 policy (which has become the impetus for change in nursing education). The second section presents a discussion of the the change process and provides a description of two classic humanistic change models. Several typologies of teacher response to change are also reviewed. The third section addresses literature related to the theoretical framework used for this study: The *Concerns Based Adoption Model* (CBAM).

Nursing Education and the Nursing Curricula

In order to have some sense of the current form of nursing education, it is necessary to have an understanding of the historical context from which nursing has evolved. A background of the proposed articulation program for nursing education in Edmonton is also included in this section since it is the focus of the concerns that are investigated in this thesis.

Historical Perspective

The development of nursing education in the Western world during the last two centuries reflects an evolutionary pattern dependent upon prevailing economic, political, and social attitudes. This is not surprising since the present form of education in general has been the result of the same such circumstances. Nursing education internationally has also had a remarkably similar pattern in terms of development and reforms. This may be explained by the fact that Canadian nursing schools, like most of those in Europe and America, were originally modeled after the first *modern* nursing school founded in England in 1860 by Florence Nightingale. The Nightingale school was modern in that it was the first to incorporate an organized system of education for lay nurses.

Nursing in the last quarter of the nineteenth century was considered an adjunct to the medical profession with nurses assuming the role of handmaidens. This role became firmly established because nursing schools supported the apprenticeship model of education which emphasized the *doing* rather than the *knowing*. The practice-over-theory format characterized much of the approach to nursing education well into the middle of this century and remains a controversial issue among many nurse educators today (Jolley, 1987; Kerr, 1991; Shantz, 1985).

During the latter part of the eighteenth and beginning of the nineteenth centuries, hospitals were staffed primarily by student nurses. Nurses' educational needs were poorly met because students were exploited as hospital service providers. "Teaching was incidental. Any lectures that might be given usually consisted of one hour per week by an attending physician" (Mussallem, 1964, p. 30). Many hospitals, regardless of size, opened training schools for the single purpose of obtaining cheap labour. This was an unfortunate deviation from the Nightingale model which was characterized by students who were not used as a labor source and a school which was independent of the hospital.

In an attempt to gain some control over standard-setting for training programs, Canadian educators in 1917 adopted the *Standard Curriculum for Schools of Nursing* developed in 1914 by the American National League of Nursing Education. It was designed "to serve as a guide for nursing schools and also to represent to the public an idea of what was considered an acceptable standard of nursing education" (Murdock, 1986, p. 18). Canadian educators continued to use this curriculum in succeeding revised editions in 1927 and 1937. Nursing education in Canada has been and still is strongly influenced by American nursing literature. In spite of early reform efforts, however, Canadian nursing programs were characterized

primarily by on-the-job training until the early 1950s (Kerr, 1991b; MacPhail, 1991; Mussallem, 1964; Shantz, 1985).

In the depression years that preceded World War II, private duty nurses returned to the large hospitals since few families could afford to maintain their services at home. As a result, many small hospitals closed their nursing schools and sought cheap labour from the large numbers of newly unemployed graduates. During these difficult economic times, little progress in nursing education was possible.

One important milestone in Canadian nursing education which did occur during this time became known as the Weir Report (1932). It created a major drive for moving nursing education from the traditional service orientation to a general educational system. Following an indepth examination of hospital-based nursing schools across Canada, the Report recommended that all nursing programs be freed from hospital control and incorporated into the general educational system of each province.

An early step in this direction had occurred almost one decade before the Weir Report was published. The first Canadian university school of nursing had been established at the University of British Columbia in 1923. This program was criticized by some nurse educators for its lack of integration between the academic courses controlled by the university and

the nursing courses controlled by the affiliated hospitals. However, this nonintegrated program represented a step towards improving and upgrading educational standards (Kerr, 1991b; Rovers & Bajnok, 1988). Following in the footsteps of British Columbia, the University of Alberta established a similar program two years later.

In 1942, the University of Toronto admitted students to the first integrated degree program. It differed from the existing university programs in that the arts and science studies were combined with the nursing program. For the first time, the university assumed all responsibility for the entire program. Such integration provided recognition of nursing as a legitimate academic field of study, raising it above the traditional apprenticeship or on-the-job training model. The integrated model, according to Rovers and Bajnok (1988), "reflected a belief in the value of the intellectual component of nursing and linked the emerging profession of nursing to other more established professions in the university" (p. 326).

This model however was not widely accepted across Canada for another two decades. Shantz (1985) explains that the slow progress towards an integrated program was due in part to the inability of the nursing profession to convince its membership and the government of the need to move away

from the apprenticeship system and towards an educational model.

The second World War became a catalyst for medical and technical advances. The health care system exploded and new specialty areas redefined the professional parameters of all health care workers. At the same time, social attitudes were changing and women were seeking higher education and entering professional fields in larger numbers than ever before. Nursing practice and nursing education needed to make extensive changes in order to meet the global demands of a rapidly changing society and the needs of informed health consumers. Nursing programs became more independent from hospital institutions in the 1950s as change occurred in the philosophy about who should be responsible for educating nurses. As a result, innovative programs began to emerge from educational institutions. In the United States the traditional three year hospital-based diploma program was rapidly being replaced by a two year associate degree program. Canada followed a similar trend in the 1960s and 1970s (Bevis, 1982; Field, 1978; Jolley, 1987).

The nursing student was finally recognized as a learner rather than a worker. Technological developments demanded that nursing programs do more than simply update existing programs by adding new knowledge over the years. Nurse

educators have become increasingly aware of the need for a closer linking of theory to practice and a broader based theory component.

The nursing profession, however, has traditionally been slow to initiate change. Much of the innovative program activities in the past have been reactive in nature. That is, initiatives are taken by interest groups outside the nursing profession. This phenomenon is not limited to nursing education. Stark, Lowther, and Smith (1986) cite Hefferlin (Dynamics of Academic Reform, 1969) as noting that educational reform in higher education seldom is initiated from the inside: "outsiders initiate, insiders react" (p. 37).

Curriculum Development in Nursing Education

Change in curricula was slow and the standardization element continued to dominate it until mid-century. Nursing has moved a far distance from early curriculum models at the turn of the century which were characterized by what Murdock (1986) calls "pioneering and standardization" (p. 16). In her examination of curriculum development, Moya Jolley (1987) comments on the difficulties of change:

> Nurse education appears to have suffered, and has had to do battle over the years with the deadening effect of outmoded approaches, beliefs and attitudes enshrined in

> a tradition containing strong elements of unquestioning imitation of past practices. (p. 9)

During the first three decades of this century, nursing education in Alberta reflected general trends elsewhere. Educational change was more a transmission of prevailing attitudes and beliefs based on the medical model of disease and disease control. Field (1978) suggests that the impetus to change was more an effort to influence professional status than to influence nursing education.

Since the 1950s there has been a move towards program innovation. A major influence in curriculum development in nursing education came from the popularity and acceptance in American education of the behaviorist model for learning. The ideas developed by Ralph Tyer in 1949 became the framework for nursing education in the 1950s and 1960s. It has dominated nursing curriculum for more than thirty years and remains a strong influence in nursing curricula today (Murdock, 1986). Tyler's work centered on the creation of student learning objectives, learning strategies to meet objectives, and evaluation of student objective achievement.

Most educators would agree that the behaviorist model fulfilled a need for the earlier apprenticeship style nursing programs and still may meet the need of some aspects of nursing education. However, Bevis (1989) now suggests that

"the empiricist/behaviorist curriculum-development paradigm used in nursing is antithetical to the graduation of the kinds of nurses needed in today's health care system" (p. 17). Bevis objects to the assumption that all learning can be defined in observable, measurable terms and suggests a *curriculum revolution* that will discontinue the exclusive use of the Tyler model so that nursing can enter a *new age* of professionalism.

According to Bevis, it is not enough for nursing programs to change philosophical and conceptual frameworks, what must be abandoned are the behaviorally orientated objectives that limit nursing education to technical aspects. These objectives inhibit professional education by stifling student creativity, ignoring student values, and discouraging critical thinking. Nursing education has humanistic goals that are not compatible with objectives that are so limited. Graduates need to adhere to a philosophy that is socially responsive. They must recognize the person as a complex, unique, and whole individual. The emphasis on reductionism and observable or measurable indicators that characterize the Tyler model, is not in keeping with nursing's view of the person. In addition to the shift from behavioral-orientated curricula to a more humanistic and holistic curricula, the field was also changing in other ways.

The movement of nursing education away from hospital-based programs towards academic settings gained momentum nationally in the 1960s and 1970s. The traditional three year program was rapidly being replaced with a modified two year program. At the same time, theoretical frameworks were developed with the purpose of providing guidance for nursing practice. This was a period of awakening in which nursing was analyzing its professional status and clearly establishing its own theoretical body of knowledge (Murdock, 1986; White, 1983). By the 1970s the subject-centered curriculum based on the medical model was rapidly being replaced by a more student-centered integrated curriculum.

Nursing Programs

Two types of nursing programs lead to eligibility for professional registration: Diploma programs and four year baccalaureate programs. These two programs are offered at a variety of educational institutions across Canada including 21 hospital schools, 95 community college-based nursing schools, and 23 university programs (Canadian Hospitals Directory 1989).

The four year baccalaureate programs in Canada are quite similar to one another. Degree completion courses for diploma-prepared registered nurses offered at 27 Canadian universities, however, are more varied than the baccalaureate programs.

These diploma-degree programs can be separate programs of two or three years or be completely integrated with basic baccalaureate programs to form a two plus two year program (Rovers, & Bajnok, 1988).

Nursing education in Alberta followed the general Canadian pattern of progress and change. The greatest changes occurred in the 1960s and the early 1970s when there was a redevelopment of baccalaureate nursing programs and a number of diploma nursing programs became part of the educational system rather than remaining with hospital institutions (Field, 1978). The transfer of diploma programs to community colleges is incomplete in spite of the fact that seven hospital programs were phased out. In fact, hospital-based programs recruit the greatest number of students when compared to college and university programs.

There are almost 3,000 students currently enrolled in nursing programs throughout the province of Alberta. Of these, 1,400 students are enrolled in hospital-based diploma programs and 839 are enrolled in seven college-based programs.

The University of Alberta and the University of Calgary offer a basic four year baccalaureate program for a total student enrollment of 601. The smallest numbers of students (518) are enrolled in the degree completion programs in four

educational institutes across Alberta. The numbers of students in the degree completion programs are almost equally divided in half between full (282) and part time (236) students (Government of Alberta, 1990). The variety of nursing programs currently in place are products of change in response to social demands. How relevant these programs are to current and future needs of health care consumers is a question of debate among nursing educators.

Need for Change in Nursing Education

The literature on nursing education (Baumgart & Larsen, 1988; Bevis, 1988; Dickerson, 1987; Diekelmann, 1988; Kerr, 1991; Rovers & Bajnok, 1988) suggest that changes are needed in nursing curricula. Nurses must cope with highly technical hospital environments, the need for increased family orientated community-based care, and unprecedented social health problems. The humanitarian needs of the health consumer and the economic needs of the health care system require a educative model that has sufficient depth and breadth of nursing theory that will support safe, quality nursing practice.

According to Bevis (1982), nursing needs to be responsive to the knowledge explosion which "has placed educators in the untenable position of teaching to a built-in obsolescence" (p. 2). There is a recognition among nursing academics that

graduates need a broader knowledge base and a different set of skills than was required only a few years ago. These factors underscore the necessity for educational innovation in nursing education.

Alberta presently has taken a leadership role in an unprecedented proposed innovation in nursing education: The movement towards increasing accessibility of baccalaureate education for students.

Entry to Practice 2000

Educational reform is often the outcome of a response to an identified need. An important need which is currently influencing change in nursing education is a desire for the profession to gain more control over its own practice. Educators also recognize that the demands on nursing brought on by contemporary health problems, modern technology, and changes in the health care system provide rationale for preparing nurses at the baccalaureate level. During the last two decades, university nursing programs have been steadily increasing enrollments and new four year generic programs have replaced the traditional five year programs.

The Alberta Association of Registered Nurses (AARN) was the first professional nursing association in Canada to make a statement supporting the baccalaureate degree as minimum requirement for nursing (AARN, 1979). This was a reaction to

the study conducted under the direction of Alberta Advanced Education and Manpower and published in the *Report of the Alberta Task Force on Nursing Education* (1975). This study has been important to nursing education because it represents the first public document supporting the baccalaureate degree as minimum entry level to nursing practice. The Report recommended articulation between non-university and university based programs to facilitate the achievement of a degree as the entry level standard for nursing practice. Each of the other Canadian provincial professional associations have followed Alberta's lead and made similar statements of support for the entry to practice position. In 1987, the AARN published the policy statement *Entry to Practice 2000: An Action Plan for 1987-2000* (EP 2000). which supports the baccalaureate degree as entry level to practice by the year 2000. In the same year a Task Force for Collaborative Nursing Education Models was established in Edmonton.

The purpose of the Task Force Committee, composed of senior representatives from the city's five nursing education programs (one university-based, one college-based, three hospital-based), is to develop collaborative models for the educational preparation of nurses at all levels. A specific proposal was formulated to develop a collaborative program in order to increase accessibility to the University of Alberta

generic baccalaureate program. The curricular component of this proposal calls for an articulation plan in which the initial two years are to be offered at the present diploma program sites. Upon completion of the first two years, students choose between continuing in the baccalaureate program at the University of Alberta for the third and fourth years or remaining at the diploma program site and completing the diploma exit route (Andrews, 1989).

The diploma exit route curricula is still in the developmental stage. It will consist of approximately 24 weeks in which students study mental health nursing and choose a nursing elective and senior practicum experience in areas that interest them. The objective is to prepare nurses to function in acute and extended care facilities. Upon completion students will be eligible to write the Canadian Nurses Association Testing Services Comprehensive Examinations which qualify them for licensure as Registered Nurses.

The proposed implementation of the Collaborative Program in 1991 will have far reaching effects for diploma programs, baccalaureate programs, and faculty. While diploma programs will be gradually phased out, baccalaureate programs will need to find ways to greatly increase current enrollment numbers (Shantz, 1985). Recruitment and preparation of qualified faculty are major issues according to Kerr (1988). EP 2000 will

not only impact the preparation level necessary to qualify as a nurse educator in the baccalaureate program, but will also impact the need to expand current graduate nursing programs.

Because the Collaborative Program represents the leading edge in nursing education, there is little available nursing literature which describes, supports, or critiques the development of such a program. It should also be noted that the Alberta Government has yet to sanction the mandate of EP 2000; however, there is political support for increasing student accessibility for the baccalaureate degree.

Implementing an articulation program involves immense restructuring of the present system. Kerr (1988) suggests that those who hold a strong identity with the traditional system may feel threatened and others may not be convinced of the need for change. Docking (1987) claims that the evolution of nursing education has been characterized by a resistance to change. One of the main reasons for resistance, she says, "is that change theory and strategies for change have seldom, if ever, been employed" (p. 150). She goes on to further suggest nursing curricula in the past has been "haphazardly renewed rather than rationally planned" (p. 154). Nurse educators have tended to respond or react to educational change rather than initiate it.

The *reaction syndrome* was evident following the Weir Report (1932) and the Report of the Alberta Task Force on Nursing Education (1975). The recommendations resulting from these reports which provided impetus for changes in nursing education were not initiated by nurses but by government. Educational initiatives from the nursing community tend to be limited to the level of curriculum renewal, that is, simply updating knowledge and teaching techniques rather than curriculum innovation. Curriculum renewal has the potential to be a source of discomfort, but curriculum innovation has a far greater potential to incite anxiety (Docking, 1987). The problems associated with educational change are not unique to nurse educators. The literature on general curricular change and educational innovation suggests that many of the same difficulties are common to the change process.

Curriculum Change

Curriculum change may be defined as any alteration in instruction related to the educational experience of students (Fullan, 1977). Specific changes in curriculum are often referred to as innovations. Most references consider the changes and particularly innovations to be *new* to the people affected by the change. It is a series of planned activities directed towards a target group and characterized by an

orderly sequence of interaction involving reactions of individuals and alteration in values. An important component of curriculum change involves the modification of attitudes and behavior of individual members (Epstein, 1976).

Change is a complex process in which the needs of both the user and the organization must be considered. The decisions teachers make related to an innovation greatly impact its success or failure. Since concerns teachers have help to form the basis for teacher decision making, it is important to the success of any innovation that teacher concerns be identified.

Early innovations in general education were often implemented before considering their value or potential consequences for implementation. This was particularly true during the 1950s when Americans were confronted with the reality that Russia was making rapid scientific gains as evidenced by the launching of *Sputnik*. The pressure placed on American education resulted in frequent curriculum changes in an effort to introduce reforms for school improvement. Educational reform, however, became an end in itself. Steps have been taken since the 1980s as a response for the need to improve the planning process related to the educational innovations and in particular the development of new curricula (Whitehall & Wood, 1982).

Interest in the study of educational change was the result of evaluation projects of the 1970s in which reform programs of the *post-sputnik* era indicated a low rate of implementation by the users. Consequently, much of the literature on educational change was produced in the mid1970s. The low implementation rate according to Whithall and Wood (1982) was partially due to inappropriate change models and inadequate theory to guide implementation.

Between 1973 and 1978 a large scale national study of elementary and secondary education funded by the American Government was done by the Rand Corporation. Its purpose was to assess factors which enhanced or impeded educational change and innovation. The eight-volume report which constituted the Rand evaluation study was impressive not only in its scope but for its potential contribution to change theory in education.

One of the major findings of the Rand study was the discovery that adoption of an innovation did not necessarily guarantee its implementation. In fact quite the opposite was true. Once government funding which initiated the innovation stopped, the innovation ceased to exist. Two key reasons suggested by the Rand evaluation report for this failure was (a) the lack of communication between the funding agency and the educational institute and (b) lack of proper strategies essential

to planning, initiating, implementing, and evaluating change projects.

A retrospective look at former attempts for educational reform clearly indicates that teacher attitudes may not have been adequately addressed in any of the stages of the change process. The emphasis has traditionally been placed on the innovation itself rather than on those who are responsible for implementing the change. The traditional view of the teacher as a passive recipient of change may well have been partially responsible for the lack of success for the educational reforms of the 1960s.

Much of educational change literature focuses on organizational problems of planning and implementing programs. Too little emphasis has been placed on the individual and specifically on the role of the teacher and teacher attitudes. There is a lack of sufficient recognition of the critical role played by the teacher in the change process (Hall & George, 1979; Rutherford & Murphy, 1985; Vandenberghe, 1984).

Models of Change

Early models of educational change were taken from business, marketing, and technological areas. As a result, these models tended to equate curriculum development with organizational change. Teachers were required to alter their

practices to fit the innovation and there was a belief that the innovation itself was a sufficient goal of education (Boag, 1980). Later change models recognized that successful planned change requires an evaluation of user attitudes. These humanistic models were developed from theories of social psychology. They are based on how people learn and develop attitudes. When attitude evaluations are paired with appropriate strategies to promote user acceptance, successful change is more likely.

Lewin's (1951) classical theory on change identified three stages: a) *unfreezing*, which involves participants' recognition of a need for change: b) *moving to a new level*, achieved when participants recognize the need to alter the status quo; and c) *refreezing*, attained when the new behavior is integrated into participants' personalities.

Perhaps Rogers' theory (1962) comes closer to understanding the need to address the feelings and attitudes of the user. Although his theory was developed almost 30 years ago, it is still relevant today. He has expanded Lewin's theory by considering the initial process of change to be much more complex. He emphasizes the background of those participating in the change process and the environment in which change takes place. Rogers' theory recognizes the "fluid and sometimes reversible characteristics involved in change"

(Lancaster, 1982, p. 9). For example, participants in the change process may initially accept or reject the change. Later, participants could reverse their initial response by rejecting previously accepted changes and accepting previously rejected changes.

The relationship between Rogers' five stages and Lewin's three stages is presented in Figure 1. The adoption of an innovation process in Lewin's theory begins with the *unfreezing* stage which is represented in Rogers' model by three distinct stages: *Awareness, interest,* and *evaluation.*

At the stage of awareness, individuals are exposed to the innovation but lack both information and the motivation to seek further knowledge about the innovation. Individuals become motivated to seek further information in the interest phase of the innovation adoption process. Personal values, societal norms, and individual personalities influence not only where information will be sought and but how it will be interpreted.

Rogers (1962) suggests that "A sort of 'mental trial' occurs at the evaluation stage" (p. 83). At this third stage, individuals experience either favorable or unfavorable feelings towards the innovation. They are likely to seek advice from peers in order to further clarify or reinforce subjective ideas about the innovation.

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Lewin's third stage (moving to a new level) is represented by Rogers' fourth stage which he labels as the *trial* stage. The purpose of this stage is to provide an opportunity for individuals to test the innovation in some limited way to determine its usefulness for complete adoption. The trial stage differs from the second stage (evaluation) in that individuals go beyond the cognitive trial level to actual trial performance. Rogers considers this fourth stage critical to the adoption process because most individuals will not adopt an innovation without some sort of pretesting.

The third and final stage of Lewin's adoption model is termed refreezing. This stage is comparable to Rogers' fifth and final stage (adoption). Individuals at this stage make a decision to continue full use of the innovation. Adoption implies the use of the innovation will continue in the future. Perhaps Rogers' theory about adoption was a contributing factor to the failure of educational reforms in the 1960s. The Rand evaluation report discussed earlier in this section identified the belief by educators that adoption was synonymous with continued use to be a primary factor in failed educational reforms.

Teacher Response to Change

The effectiveness of planned change according to Rogers and Shoemaker (1971) is dependent upon the degree of participant interest and commitment for implementation of the changes. One of the most important factors which influence commitment for implementation is teachers' response to change (Hall, 1975; Hall & George, 1979; George & Rutherford, 1978). Most of the available literature, however, deals not with teachers' concerns about an innovation but rather with their responses towards educational innovation. For this reason literature focusing on teacher response toward educational change is highlighted.

The degree of commitment and interest participants have about an innovation are dependent upon their evaluation of five factors related to the innovation. The first factor is *relative advantage*. This refers to the degree new ideas or changes are perceived as better than the old ones. What is important to the adoption of the change by participants is their perception of superiority of the new ideas, not the actual, objective advantage.

The second characteristic of the innovation that is evaluated by participants of change is *compatibility*. The question here centers on the degree of congruence between

the proposed changes and the participants' values, habits, needs, and past experiences. The greater the degree of congruence, the greater the chance of change occurring.

Complexity is the third characteristic of change identified by Rogers and Shoemaker that is evaluated by participants. Complexity refers to the amount of difficulty that participants have in understanding and using the innovation. A lack of understanding may be embarrassing and result in a refusal to participate.

Another evaluated characteristic is *trialability*. Here participants are interested in whether or not the innovation can be trialed or tested to some degree. Participants are more likely to accept those ideas or changes that can be tried in some limited manner because difficulties or failures experienced by them are less obvious at this level.

The last characteristic important to participants of change is the degree of *observability* of the innovation to them and to others. If individuals can readily see the results of an innovation, adoption is more likely.

Teachers' attitudes and receptivity towards change are dynamic processes that will be different at each of the stages identified by Rogers. These attitudes and subsequent receptivity towards change will depend upon teachers' evaluation of the five characteristics determined by Rogers

and Shoemaker's concepts of the process of planned change (Lancaster, 1982). Teachers' evaluation of the innovation will also determine whether they will become adopters or resisters of an innovation.

Adoptors

Teachers who accept ideas associated with change are said to be *adoptors*. The success of new programs depends on the acceptance of participants. They can be categorized according to the speed with which new ideas are accepted. Among the first to accept change are *innovators* who are generally pacesetters, adventuresome, and may even be considered radical in some situations. *Early adoptors* are somewhat less enthusiastic but display a readiness for change in the initial phase of the process. Those who accept innovations with some conservatism or who may never completely accept the proposed changes are placed at the opposite end of the adoption continuum and are considered to be *late majority adoptors, laggards,* or *rejectors* depending upon their degree of acceptance (Lancaster, 1982).

Epstein (1976) maintains that it is difficult to understand how teachers adopt an innovation without considering the levels of value and attitude development which influence the adoption process. Regardless of the degree or speed with which curriculum changes are accepted by teachers, there are three

processes which influence acceptance. *Compliance* occurs when teachers accept changes in order to please another person or group. This is a typical attitudinal response in an authoritarian organization where teachers are perceived to have little power or input into proposed changes. When change is accepted because teachers are concerned with meeting a group's expectations of their role within that group, they are said to be influenced by the process of *identification*. Innovations that are adopted through *internalization* have the greatest chance of reaching Lewin's *refreezing* stage and Rogers' *adoption* stage because the new values are congruent with the value system of recipients (Havelock, 1971; Keleman, 1969; Epstein, 1976).

Knowing what impacts the adoption process is critical to understanding attitude formation at different stages of the change process and within different organizational climates. Change cannot be accomplished unless change facilitators are cognizant of teachers' interpretation and subsequent emotional response towards an innovation. Attitudes towards change can also be influenced by different organizational climates which have the potential to create conditions that influence how teachers will perceive innovations. Organizational climates, like attitude formation, are dynamic rather that static in nature. In addition, they have the potential to

influence teacher attitudes in different ways at different stages of the change process.

Change facilitators must understand that teachers' interpretations of the situation are also dynamic rather than static throughout the change process. Factors which motivate adoption of an innovation in the initial stages of educational change may be reinterpreted and promote resistance in later stages. For example, new curriculum that is accepted in the initial stages of change because it is perceived to be an improvement may be resisted later on because it no longer is considered an improvement from the curriculum it replaced. Knowledge of factors influencing attitudes may also help predict the success of educational innovations in terms of implementation and continuation.

Models of education often define teacher response to change by using a typology developed by Doyle and Ponder (1977). The first response identified by this typology is called the *rational adoptor*. This image of the teacher, according to the authors, is the most common one presented in the innovation literature. The rational adoptor adapts to changes as long as information is available which is sufficiently stimulating to effect change. Some tone of skepticism is noted in Doyle and Ponder's statement about the importance of information as a change impetus: "Presumably the weight of scholarly evidence,

together with an appropriately inspirational rhetoric, will compel any 'reasonable and intelligent' teacher to rush out an try the latest 'new idea' in education" (p. 4).

The teacher as a rational adopter is addressed by Ornstein and Hunkins (1988) who cite the work of Schmuck and Miles (Organizational Development in Schools, 1971). The educational improvements in the 1960s and 1970s did not succeed because a general assumption was made that the acceptance of change was a rational process. This assumption resulted in planned change that emphasized the technical aspects of the innovation and neglected to focus on people and organizations which are dynamic rather than constant.

The second response to change focuses on teachers who are labeled as *stone-age obstructionists*. They are resistant to change because of traditional beliefs and problems inherent in changing adult behavioral patterns. Doyle and Ponder (1977) suggest that most teachers fit into this category. A third typology (*pragmatic sceptics*) refers to those who are resistant to change because they see no practical use for it. They are immune to new ideas and often do not identify change proposals as being much different from current practice.

The view that most teachers resist change frequently supports the development of innovations that are *teacher proof*. These teacher proof innovations are characterized by

strategies directed at educational improvements that bypass the teacher. This top-down, authoritarian orientation to educational change ignores the goals, values, and input of teachers. Appropriate strategies for change should not be initiated, however, until there is a clear and accurate understanding of the teacher's place within this process in terms of feelings and behaviors (Boag, 1980; Carr, 1985; Doyle & Ponder, 1977; Fullan, 1982; Olson, 1985).

A number of studies indicate that teachers are in fact receptive to change. Douglin (1973) surveyed over 800 nurse educators in Ontario to determine their receptivity towards a basic reform in nursing education. Her research consisted of a large-scale mailed survey to nurse administrators and educators employed at hospital-based, university-based, and college programs.

Douglin concluded that most nurses were very receptive towards changes in their roles as nurse educators. However, a fairly high level of resistance was noted in perceived changes in the quality of nursing that might occur if the innovation was implemented. Factors important to nurse educators' reaction to change included the type of program in which nurse educators were employed and the role held (level of education, years of experience, career commitment, and professional involvement). Nurse educators who were most receptive to

change were employed at university-based programs. Nurse educators who demonstrated the most resistance to change were from hospital-based programs. Reactions to change from nurse educators employed at college-based programs fell somewhere between these two groups.

More than a decade later, Carr's (1985) study supports Douglin's earlier findings. Four hundred Florida vocational educators were selected from a random stratified sample. The vocational areas represented by these educators included business, agribusiness, industrial arts, health care, home economics, and marketing. The purpose of the study was to determine if demographic variables influence attitudes towards change and the tendency to be innovative.

Carr concluded that vocational educators were generally receptive toward change. Educators who were receptive to change were more likely to report more earned inservice hours and professional memberships. Demographic characteristics (sex, teaching/service area, school program and degree held) were found to be only modest indicators of receptive attitude towards change. There was no relationship between receptivity to change and teacher age and experience. Females tended to be somewhat more receptive to change than males and teachers employed at community colleges were more receptive to change than colleagues from high schools

and vocational centers. Further conclusions drawn by Carr indicate that educators who have favorable attitudes toward innovation also have an ability to be flexible and demonstrate innovativeness.

Fullan (1982) suggests that change should be considered a *process* and not an *event* . The process of planned curriculum change has emphasized the importance of the product or end result of change and when the teachers have not been viewed as preservers of the status quo they are often considered passive recipients of change. The assumption that teachers *should* play a passive role has resulted in research studies that traditionally neglect them as critical players in the change process. The literature on change may provide a distorted picture of the teacher role in the change process by not recognizing that teachers not only play important roles but also play active roles in the success of educational change.

Wiens (1967) investigated factors related to innovation in educational organizations He concluded that teachers were not passive actors but in fact were the most influential determinants of the degree of educational innovation that occurred within the schools included in his study. Fahey's (1985) examination of teacher attitudes also points to an active role for teachers. They "perceive themselves as major actors in the change process, and not merely as implementors

of other people's inventions" (p. 75). Research by Small and Young (1988) confirms Fahey's findings that teachers are active participants in the change process. Results of their study indicate that teachers want to be involved in the development of curriculum change in order to (a) grow professionally, (b) acquire knowledge and skills useful in the classroom, (c) contribute to the decision-making process, and (d) offer personal expertise in matters of classroom instruction.

Studies which confirm teachers as passive recipients of change are often referring to the fact that teachers do not *initiate* the innovation. This is true of a study done by Rutherford and Murphy (1985). Their investigation consisted of 54 interviews selected from 380 teachers across the U.S.A. The purpose of the interviews was to investigate the teacher role in educational change in American high schools. Although the conclusions drawn from the findings in this study indicate teachers were recipients rather than initiators of change, there was no indication they resisted change. The fact that teachers often do not initiate change may lead to the mistaken idea that they assume a passive role throughout the change process. Teachers, however, are the critical link in the success of implementing any initiated changes as has been shown in several of the studies reviewed.

Teachers are often perceived to have no real role in the change process and this is one of the major reasons for teacher resistance to change (Fullan,1982). This perceived lack of role results in a lack of opportunity for teacher input. Klein (1969) states "few planners in any field are prepared to believe that their clients can be equipped to collaborate with them as equals" (p. 501). Involvement by those affected by the change was viewed as a negative force because change agents considered it time consuming, costly, irritating, and even risky. This rationale was inherent in earlier models of change characterized by *teacher proofing* strategies, discussed earlier in this section.

Resistors

The initial studies of planned change which began in the 1940s, focused on individuals in the adoption stage of change. Consequently a fairly large body of literature developed around the phenomenon of resistance to change (Waugh & Punch, 1987). However, Fahy (1985) concludes that little information is available as to the causes of teacher resistance to change and any strategies for addressing resistance is rather general and nonspecific.

People who choose not to adopt or support an innovation are *resistors*. An innovation may be resisted because it implies that previous ideas and practices were inadequate. Change

often requires giving up ideas or practices that were valued and to which teachers were formerly committed. Resisters represent the greatest barrier to the success of an innovation. Teachers may resist actively by overt opposition or display passive resistance by withholding support (Thomas, 1988). They may indicate resistance only to particular parts of the innovation or to particular stages of the change process.

Passive resistance by teachers was clearly shown in a study done in the 1970s by the staff of the Research and Development Center for Teacher Education in Austin Texas. Over 1000 interviews were conducted to determine teacher responses to innovation. Conclusions drawn from the interviews indicated that teachers often perceived they lacked input into innovations that were often mandated with little forewarning. Most passively resisted the innovation in that they had little interest, motivation, or excitement for the change. This resulted in a poor quality of implementation and subsequent poor school improvement (Rutherford, 1986).

Resistance can also be a result of an inaccurate or outdated view of reality. When changes occur under these circumstances, teachers are forced to face the fact that old preconceptions do not fit with present reality. Resistance in such situations reflect a less rational approach to change

because it is rooted in the defense of self-esteem, competence, and autonomy (Epstein, 1976; Klein, 1969).

Several other factors influencing teacher resistance were identified in a case study investigation of non-degree college courses in business education done by Peeke (1984). Teacher resistance was motivated by (a) perceived threat to the teacher role, (b) teacher values incompatible with those of the new system, and (c) neglect of staff input and development. As a result of these perceived barriers, and in spite of the fact that new courses were introduced, implementation in the classroom was problematic. The character of business education did not change in the manner that was intended by the change agents. Although teacher resistance inhibits success of any innovation, it is not necessarily an unwanted element in all change processes.

Opposition to change is not always undesirable or irrational (Klein, 1969, p. 499). Resisters may take on the role of gatekeepers, thus protecting the integrity of the organization. It is this group that plays an important role in helping to moderate over enthusiasm by pointing out unanticipated consequences of change that may threaten the well being of the system.

Change involves the difficult task of learning new skills and unlearning old ones. Since change is a personal experience,

each teacher confronts the situation in such a way that rewards are perceived to be at least equal to the costs. The teacher receives little credit for successful change but most often will be blamed if the change fails (Fullan, 1982). It is in the interest of teachers and to the success of educational change that teachers' attitudes towards change be considered. One way of examining teacher attitudes is to identify their concerns related to educational change.

Concerns Based Adoption Model

When teachers participate in change, they most often experience a variety of concerns. The way in which individuals confront issues depends upon their past experiences, knowledge, personal make-up, and coping mechanisms. Since people vary in these factors important to innovation response, it follows that their concerns also differ in type and intensity. Before any innovation can be implemented, individuals must accept it and be comfortable with it. This factor underscores the importance of teacher concerns. The recognition of teacher concerns as a critical element in the change process is most apparent in the *Concerns Based Adoption Model* (CBAM) developed by Hall, Wallace, and Dossett (1973). The CBAM's emphasis on teacher concerns was a primary reason for choosing the survey instrument for this study.

The CBAM depicts the complex process of change as individuals adopt innovations in formal organizations. The assumptions of the CBAM differ from other change models in that: (a) the individual is the recognized unit of analysis and not a group or an entire user system; and (b) innovation adoption is a developmental process that has measurable, definable, and predictable levels and stages. The model also seeks to expand the assumption that *change is a process and not an event* by recognizing that the individual, not the institution, must be the first to change. Change is viewed as a highly personal experience which involves developmental growth in both affective and behavioral responses (Eastcott & Hall, 1980; Loucks & Pratt, 1979; Hall, 1978; Hall, George & Rutherford, 1977).

The developmental stages of the CBAM are based on an affective component represented by the Stages of Concern (SoC), and a behavioral component represented by the Levels of Use (LoU) of an innovation (George & Rutherford, 1978). There is a close correlation between these two dimensions since the use of any innovation is highly dependent upon the affective responses of the users towards the innovation.

Figure 2 represents the Concerns Based Adoption Model. The continuous and systematic interactions between the resource, user, and collaborative (change facilitator) systems necessary

Figure 2 omitted due to copyright restrictions

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for change are clearly depicted. Three elements of the change process which a collaborative system must monitor and which are key components of the CBAM include the *Stages of Concern* (SoC) (feelings and perceptions of the individual), *Levels of Use* (behavior and actual performance related to an innovation), and *Innovation Configurations* (description of operational forms of the innovation). During the process of change, there is constant interaction (*probing*) within the user system in order to detect concerns, use, and configuration of the innovation by users. Based on these concepts, the change facilitator is able to intervene using appropriate interventions to promote the desired change effort keeping in mind that changes in one system of the organization may impact on other systems (Heck, Stieglebauer, Hall, & Loucks, 1981).

Stages of Concern

The *concerns* component of the CBAM involves assessing teacher concerns as they contemplate or become directly involved with an innovation. Most teachers and change facilitators would not be surprised by the fact that individuals not only have concerns but also are usually able to express them to some degree of accuracy. "However, too often no one asks or takes the answer seriously, probably because concerns are so normal and expected" (Newlove & Hall, 1976, p. 1). The authors also contend that attending to concerns is a valuable

approach which aids in understanding the subjective world of teachers as they experience change.

The identification of distinct *Stages of Concern* is based on an analysis of the change literature, the field experience of the researchers involved in the development of CBAM, and the work of psychologist Francis Fuller (1969). Through group counseling sessions and longitudinal indepth interviews, Fuller noted that student teachers seemed to have concerns that closely reflected Maslow's hierarchy of needs. Initially the research subjects were concerned with security needs but as they gained more experience, their concerns moved from task-related needs to self-actualizing needs. Fuller classified these needs into three stages: non-concern; self-concern; and concern about pupils. Fuller's developmental concept of concerns laid the groundwork for the SoC developed by Hall, Wallace, and Dossett (1973). They hypothesized that these stages could be generalized to teachers involved in the process of innovation adoption. The three stages were refined and expanded to seven stages to provide a diagnostic tool for assessing where individual teachers are in relation to the innovation (George, 1977; Hall, George & Rutherford 1977).

The definitions for the seven *Stages of Concern About An Innovation* (see Table 1) describe concerns which may be

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experienced across time by teachers confronted with an innovation.

Stage 0, Awareness. Individuals who have higher scores at Stage 0 (Awareness), do not have concerns because they lack an awareness or interest in the innovation. They do not perceive a relationship or relevance between themselves and the innovation. Change is not resisted by this group because they do not see any connection or impact the innovation potentially might have for them personally or professionally.

Stage1, Informational. This stage implies a desire for more information or a general orientation about the change. In this stage, individuals do report an awareness of the innovation and a desire to learn more about general characteristics, anticipated effect, and criteria for use of the innovation.

Stage 2, Personal. The second stage focuses on concerns that impact the individual. At this stage, personal situations of individuals

will determine their reaction to change. Personal values are examined for congruency with proposed changes and there is an uncertainty in this stage as to what an individual's role will be when the changes are in place.

Stage 3, Task. Concerns reported at Stage 3 have a pragmatic focus that is directed towards organizing and management of the innovation. Teachers may seek to make

operational use of the innovation more efficient. Their concerns in this stage are associated with activities created by the innovation.

Stage 4 Consequence. The welfare of the student is the focus of this stage. Teachers not only question the effectiveness of the innovation in terms of student needs but also the effectiveness of their own roles as they influence students' learning.

Stage 5, Consequence. Concerns in Stage 5 are associated with teachers' need to explore the effect of the innovation between themselves and colleagues as a group and the institutional system as a whole. Teachers who have concerns at this level express a desire to achieve individual and group satisfaction.

Stage 6, Refocusing. The final stage deals with teachers' desire or interest to explore alternate ways of achieving the proposed goals or perhaps adapting the innovation to new goals. The energy is focused on achieving maximum outcomes by expanding on present ideas, introducing new ones, and broadening personal and professional visions (Hall, et al 1977; Hall,1979).

The manner in which teachers respond to change in terms of the concerns they have may be determined by a combination of internal and external factors unique to the

individual and to the change situation. Newlove and Hall (1976) noted that it is an individual's perception of the situation that stimulates concerns and not the reality of the situation. They also suggest different kinds of concerns exist because people differ in their emotional make-up, what they know, and what they have experienced.

> In response to the demand, our minds explore ways, means, potential barriers, possible actions, risks and rewards in relation to the demand. All in all, the mental activity composed of questioning, analyzing and re-analyzing, considering alternative actions and reactions, and anticipating consequences in its composite is *concern*. An aroused state of personal feelings and thought about a demand as it is perceived is *concern* . (p. 5)

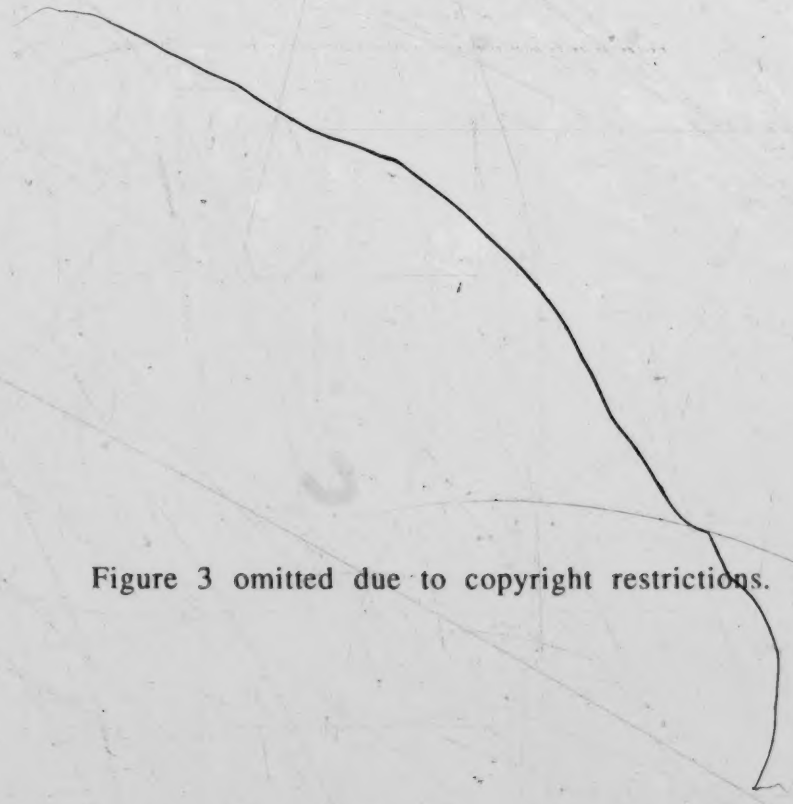
Individuals may experience a number of different concerns at any one time. The intensity as well as the type of concerns also differ among individuals since concerns are dependent upon a teacher's knowledge and actual use of the innovation. Each person may perceive certain aspects or demands of the innovation differently so that the degree of arousal or intensity of different types of concerns is quite individualistic (Easteott & Hall, 1980; Hall et al, 1977; Hord, 1981).

Fuller's work (1969) indicated that concerns usually develop in sequential stages which progress initially from *unrelated*,

then to *self*, on to *task*, and finally to *impact* concerns. In the CBAM, the degree of intensity of concerns changes throughout the phases of the change process and is also assumed to be sequentially predictable. Concerns that teachers have about an innovation are developmental in nature because lower stage concerns are usually resolved before higher stage concerns develop to any significant intensity (Eastcott & Hall, 1980; Hall, 1974, 1975; Hord, 1981; Rutherford, 1977).

Teachers rarely experience concerns at only one stage. There are predictable stages teachers go through particularly if the innovation is a positive one in which there is support for the innovation (Hall et al, 1977). When an individual's *concern profile* is plotted over time it takes on the form of a progressive wave motion from left (Stage 0, Awareness) to right (Stage 6, Refocusing; see Figure 3). Although this wave motion is fairly predictable in that lower stage concerns are usually resolved before higher stage concerns become more intense, each person will display a profile that has some degree of uniqueness.

Teachers who are considered to be *nonusers* often have concerns high on one or more of the first three stages. They may not consider the innovation relevant to them (Stage 0,



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Awareness); they may be interested in gaining more knowledge about the innovation (Stage1, Informational); or they may be interested in determining how the innovation will affect them directly (Stage 2, Personal).

Initial experience with the innovation produces an *inexperienced user* who has resolved the lower stage concerns (by becoming knowledgeable about the innovation) and will begin to experience an arousal of concerns which focus on operational and management affairs (Stage 3). Once teachers gain proficiency in the necessary skills associated with the innovation and become *experienced* and *renewing users* (demonstrate readiness to explore new ways of achieving goals or create new goals), they may experience more intense concerns at higher levels (Stages 4, 5, and 6) and less intense concerns at the four lower stages (Hall et al, 1977; Hord, 1981). It should be noted that the predictable wave motion of concerns hypothesized by the CBAM develops only when the innovation is perceived worthwhile. Teachers' early concerns will not progress to later stages if the innovation is considered to have little value (Hall, 1975; Hall et al, 1977).

Most teachers would like to think they function at the highest stage of concern (Stage 6, Refocusing) because this stage reflects creative and imaginative abilities valued by educators. However, when something new is introduced, the

general reaction is to be concerned with personal and informational matters. The *SoC* does not make evaluative judgements as to which concerns are most appropriate or desirable for individuals experiencing an innovation. Newlove and Hall (1976) are clear in their statement that "self concerns are a fully legitimate part of change," and that "the crime is not in having self concerns, but in others not accepting their legitimacy and constructively addressing their resolution" (p. 3). Acceptance of concerns can only happen when educators purposefully seek to identify them as a legitimate part of the process of educational change.

Summary

Nursing education has emerged from an apprenticeship training model during the early part of this century to a recognized legitimate field of academic study. Traditionally, nursing curricula has been slow to change. Much of the changes that have occurred since the turn of the century have been reactive in nature and often have been at the level of curriculum renewal rather than curriculum innovation. Radical changes to nursing education are in sight, however, as nursing strives to gain more control over its own practice in the wake of rapid technological advances and increasing social demands.

One current impetus to change is the Entry to Practice 2000 policy (AARN, 1987a).

Planned educational change and teacher reaction to change represents a diverse body of literature. Evaluation projects of the 1970s revealed that innovations of the 1950s and 1960s were not implemented in the manner they were designed. In an effort to determine the cause, the teacher became increasingly recognized as a main actor in the change process. Several theories important to the understanding of attitudes (Lewin,1951; Rogers 1962; Rogers & Shoemaker, 1971, and Doyle & Ponder, 1977) suggest that teacher responses to change were identified by degree of receptivity to change: adoptors or resistors. Studies of teacher receptivity to change are inconclusive as to which typology fits the teacher best.

The *Stages of Concern About an Innovation*, a major component of the CBAM provides an indepth description of teacher concerns and provides a basis from which to study concerns teachers have about an innovation.

The next chapter describes the methodology used in this study for the purpose of identifying nurse educators' concerns about the proposed Collaborative Baccalaureate Nursing Program in Edmonton, Alberta.

CHAPTER 3
METHODOLOGY

The purpose of this study is to determine concerns nurse educators experience during the initial implementation phase of the Collaborative Baccalaureate Nursing Program in Edmonton, Alberta. This chapter provides details of the methodology used in the investigation of nurse educators' concerns. Specifically, the target population, pilot study, survey instrument, and methods used to collect and explore the data are outlined.

Target Population.

The population consists of approximately 200 nurse educators employed in diploma and baccalaureate nursing programs. They are registered nurses who have attained a Baccalaureate degree or higher in nursing or a related field of study. The nurse educators are employed on a full, part-time, continuing, or sessional basis at four nursing schools in Edmonton. Employment was determined according to the faculty roster at the time of data collection in September, 1990. The respondents are limited to nurse educators employed in non-administrative positions. The following descriptive information about the institutions in this study has been taken from program calenders and personal communication with

personnel employed at each of the institutions. No references have been cited in order to ensure institutional anonymity.

The nurse educators in this study are employed at one university-based and three hospital-based nursing programs. Students enrolled in the programs at these institutions generally range in age from 17 to 50 years, half of these students may be more than 21 years of age, and approximately 10% are male.

Hospital-based programs produce diploma level graduates who are capable of giving quality patient care in a hospital environment. Graduates from the university-based program, however, are considered to be generalists capable of giving quality nursing care in both a hospital and community environment. Students who complete either the diploma or baccalaureate program are eligible to write the Canadian Nurses Association Testing Service Comprehensive Examination which is required for professional registration.

There is a general similarity in the hospital-based programs. Requirements for admission include an average of 60% in at least five level 30 (grade 12) courses with mandatory English 30 and Biology 30. Selected university courses are conducted on site and are taught by university professors or university approved instructors. Academic studies include nursing arts and science, pharmacology, communication, anatomy and

physiology, disease pathology, microbiology, psychology, and family studies.

Institution #1 in this study is a hospital-based program with a total enrollment of 331 students (Government Alberta, 1990) who enter the program in September of each year. The administrative structure consists of one administrator and four assistant administrators. There are approximately 35 nurse educators who provide classroom and clinical instruction out of a total of 42 support staff. The program length is 96 weeks. It is conducted over a 28 month period. There are two 10 month terms during which students learn theory and experience clinical practice. The final four month term provides an opportunity for students to assume increased responsibilities in preparation for the graduate nurse role. Students are required to maintain a minimum 65% average in nursing courses and 60% in nonuniversity support courses in order to meet promotion criteria.

The second hospital-based institution (#2) has a student enrollment of 235 (Government of Alberta, 1990). Similar to students in institution #1, they enter the program in September of each year. The administrative structure of both institutions is also alike in that there is a director and four assistant directors (coordinators). Thirty-five to 40% of the 26 nursing instructors are employed part time or on a sessional

basis. The program consists of 112 weeks which spans 32 months. Similar to Institution #1, there are two 10 month terms, however, the final term in the third year is eight months long. Students are expected to maintain an average of 65% in all nursing courses.

The third hospital-based institution has a total enrollment of 474 (Government of Alberta, 1990) students who may enter programs in September or January. The administrative structure includes a director of nursing and five managers. The total administrative, instructional, and support staff total 63; 43 are nurse educators. The 96 week program is divided into five levels and spans 28 months. The first level consists of theoretical instruction in biological, psychological, and social sciences. The remaining four levels focus on nursing courses and relevant clinical experience. The fifth level consists of a senior practicum similar to what is offered in institutions #1 and #2.

The university-based institution (#4) provides nursing education for 353 students (Government of Alberta, 1990). The administration structure consists of a Dean and 14 management personnel. The faculty is made up of approximately 82 nurse educators; 27 are part time sessional appointees. Eligibility for student admission requires a 70% average in seven specified level 30 (grade 12) subjects.

Students must maintain a 5.0 grade point average in order to be eligible for promotion. The educational program extends over four years with two semesters in each year and clinical practice in spring sessions in each of the first three years. Students in this program receive a liberal education and have greater exposure to the humanities, social sciences, and general sciences. Community nursing experience is also offered.

Survey Instrument

A survey questionnaire was chosen by the investigator to collect data related to nurse educator concerns because it (a) has potential to reach a large number of respondents, (b) is time and cost efficient, (c) is convenient for respondents to complete, (d) provides the same input to all respondents at the same time (important when opinions are required), and (e) tends to reduce researcher bias (Andrews, 1978). Surveys also provide the best opportunity for respondent anonymity which is important since the data to be collected are both personal and professional in nature.

The usefulness of the survey may be limited, however, to superficial information and the researcher's inability to check unclear responses. In addition there is little control over the rate of return (Polit & Hungler 1987). Andrews (1978)

suggests that "slowness of response" is another serious limitation (p. 10).

The concerns nurse educators have when experiencing curricular change were determined by a survey instrument which included the Stages of Concerns (SoC) from the Concerns Based Adoption Model (CBAM). This SoC questionnaire was developed in 1977 by Gene E. Hall, Archie A. George and William L. Rutherford at the University of Texas in Austin. The instrument measures seven stages of concern teachers may have when they experience change: Stage 0, Awareness; Stage 1, Informational; Stage 2, Personal; Stage 3, Management; Stage 4, Consequence; Stage 5, Collaboration; and Stage 6, Refocusing. These stages are introduced in Chapter 1 and discussed in detail in Chapter 4. During the developmental stages in the early 1970s the questionnaire was exposed to rigorous testing for internal reliability and validity on more than 830 secondary and postsecondary teachers. The results yielded high internal reliability coefficients (see Table 2).

Although this questionnaire has been proven to be a reliable tool, it was important to determine the internal reliability for the present study because (a) reliability testing for the questionnaire was almost fifteen years old, (b) nurse educators in this study may have characteristics different from the original test subjects, and (c) a Collaborative

Table 2

Reliability Coefficients for Stages of Concern: Original Instrument and Present Study

Stages of Concern						
Awareness	Informational	Personal	Management	Consequence	Collaboration	Refocuse
Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Concerns Based Adoption Model reliability coefficients omitted due to copyright restrictions. [a]Hall, G., George, A. & Rutherford, W.L. (1977)						
Curricular Change: Nurse Educators' Concerns (N=85)						
.44	.65	.87	.66	.56	.79	.56

Baccalaureate Nursing Program as an innovation may provide conditions which differ from other innovations.

Table 2 presents the reliability coefficients from the present study of nurse educators. It also presents the coefficients for the CBAM which "reflect the degree of reliability among items on a scale in terms of overlapping variance" (Hall, George, & Rutherford, 1977, p. 11). Both studies are similar in that the lowest reliability coefficient

(Stage 0, Awareness), and two highest (Stage 2, Personal; Stage 5, Collaboration), occur for the same stages.

The highest value of reliability for this study (r=.87) occurs for personal concerns (Stage 2). This is also the highest value shown for the CBAM (r=.84). Stage 5 provided the second highest scores for this study (r=.79) and for CBAM (r=.82). The remaining reliability values are somewhat lower in this study when compared to the original tests done in 1974. In most situations, a reliability coefficient above .70 is satisfactory (Polit & Hungler, 1987). The values presented in Table 2 for this study may indicate a limitation to the findings since all but two stages (Stage 2, Personal; Stage 5, Collaboration) fall short of this value. However, the reliability coefficients were tested in this study on a much smaller sample size (n=85) compared to the CBAM study (n=830).

The survey instrument (Nurse Educators' Curricular Innovation Questionnaire, see Appendix A) is organized into three sections. Section I contains Likert scale items or statements which represent the seven SoC. The degree of concern an individual experiences is determined by a scale of 0 to 7 (0=Irrelevant; 1 to 3=Not true; 4 to 6=Somewhat true; 7=Very true). The higher the number scored on an item, the more intense the concern. Each of the seven SoC is

represented by 5 items randomly distributed throughout the questionnaire (see Table 3).

Section II of the survey instrument consists of three open-ended questions developed by the researcher to explore concerns that are specific to individuals as they relate to the Collaborative Nursing Program. Specifically, the open-ended questions asked about (a) self concerns; (b) concerns about curricular, development, and organizational tasks associated with the Collaborative Program; and (c) impact the Collaborative program may have on student outcomes.

Section III was designed to gather demographic data about respondents' age, educational level, current educational enrollment, years of experience as a nurse and nurse educator, and the number of Collaborative committee memberships held.

The survey instrument was color coded in order to facilitate institutional identification. It was also numbered when returned to the researcher in order to permit quick access to specific survey instruments during examination of data.

Pilot Study

A pilot study was conducted in July, 1990 with the participation of nine nurse educators and one adult educator. It was conducted to serve several purposes. The first purpose was

Table 3
Stages of Concern Statements by Stage

Item Number	Statement
	STAGE 0: AWARENESS
3	I don't even know what the innovation is.
12	I am not concerned about this innovation.
21	I am completely occupied with other things.
23	Although I don't know about this innovation, I am concerned about things in the area.
30	At this time, I am not interested in learning about this innovation.
	STAGE 1: INFORMATIONAL
6	I have a very limited knowledge about the innovation.
14	I would like to discuss the possibility of using the innovation.
15	I would like to know what resources are available if we decide to adopt this innovation.
26	I would like to know what the use of the innovation will require in the immediate future.
35	I would like to know how this innovation is better than what we have now.
	STAGE 2: PERSONAL
7	I would like to know the effect of reorganization on my professional status.
13	I would like to know who will make the decisions in the new system.
17	I would like to know how my teaching or administration is supposed to change.
28	... like to have more information on time and energy commitments required by this innovation.
33	I would like to know how my role will change when I am using the innovation.
	STAGE 3; MANAGEMENT
4	I am concerned about not having enough time to organize myself each day.
8	I am concerned about conflict between my interests and my responsibilities.
16	I am concerned about my inability to manage all the innovation requires.
25	... concerned about time spent working with non-academic problems related to this innovation.
34	Coordination of tasks and people is taking too much of my time.
	STAGE 4: CONSEQUENCE
1	I am concerned about students' attitudes toward this innovation.
11	I am concerned about how the innovation affects students.
19	I am concerned about evaluating my impact on students.
24	I would like to excite my students about their part in this approach.
32	I would like to use feedback from students to change the program.
	STAGE 5: COLLABORATION
5	I would like to help other faculty in their use of the innovation.
10	I would like to develop working relationships with both our faculty and outside faculty using this innovation.
18	... familiarize other departments or persons with the progress of this new approach.
27	I would like to coordinate my effort with others to maximize the innovation's effects.
29	I would like to know what other faculty are doing in this area.
	STAGE 6: REFOCUSING
2	I now know of some other approaches that might work better.
9	I am concerned about revising my use of the innovation.
20	I would like to revise the innovation's instructional approach.
22	I would like to modify our use of the innovation based on the experiences of our students.
31	I would like to modify our use of the innovation based on the experiences of our students.

to identify potential problems in the overall format of the instructions and survey instrument. The second purpose was to determine if there was a lack of clarity in the instructions and wording of the open-ended questions. The pilot study also served to provide an estimated length of time required to complete the instrument.

Each participant received (a) a cover letter which introduced the research and need for the pilot study, (b) the instrument, and (c) questions for individual feedback (see Appendix B). All pilot study instruments were returned within one month of distribution. The respondents were contacted by telephone when all instruments were received for the purpose of discussing general comments.

Most of the written and verbal feedback suggested changes in general format and wording of the open ended questions. Changes resulted in several improvements to the introduction page. Specifically, the sample completion question was moved to the bottom of the introduction page so that it followed all instructions. This change added clarity to the introduction. A second improvement to the instrument involved underlining certain instructions for emphasis. A statement was also added about the voluntary nature of the study.

There were no alterations made to the 35 Likert scale items in Section I because "even the slightest modification of the SoC

could result in invalidation of the scoring and norming standards and ultimately to misinterpretation of the results" (Hall et al, 1977, p. 57).

Each of the open-ended questions in Section II was reworded for clarity as a result of feedback from the pilot study group. Careful attention was given to this rewording to ensure that adequate understanding and therefore accurate responses from nurse educators would result.

Two questions were modified in Section III to eliminate the request for unnecessary information. Specifically, the first modification was to reduce the number of choices of educational preparation. Originally nurse educators were asked to identify academic fields other than nursing at the baccalaureate and graduate levels but since most nurse educators have degrees in fields of nursing or education, the other choices were unnecessary. The second modification was to eliminate the request to identify specific postgraduate programs in which nurse educators were enrolled.

Data Collection Procedures

Letters were sent in May, 1990 to administrators of the five Edmonton nursing schools (see Appendix C). The purpose of the letters was to introduce the researcher and request support for the project. Included with the letter was a brief

explanation of the background of the investigation (see Appendix C).

Four out of five nursing institutions agreed to participate in the research study. One institution declined to participate because the survey instrument was perceived to have a negative focus and because of the uncertainty of any final approval by the Government of Alberta.

In September 1990, a package containing a cover letter and the survey instrument (see Appendix A) was delivered to the four participating institutions. The purpose of the cover letter was to introduce the researcher and the research. It also provided information about the importance of completing the questionnaire and instructions for its return. At the request of three institutions, the researcher provided brief oral presentations of the study to nurse educators during faculty meetings in September at the respective institutions. Copies at that time were placed in the mailbox of each nurse educator. All packages contained a stamped return envelope to encourage a high rate of return.

According to CBAM developers "there is no preferred setting or process for administration of the questionnaire and the "seriousness with which individuals respond to the questionnaire does not seem to vary noticeably in relation to the method of administration" (Hall et al, 1977, p. 23). Since the

survey results will be responses from those who choose to complete the survey, it may not be representative of the population because they differ at least in motivation or interest from those who do not complete the questionnaire (Borg, 1979).

Since completion rates to mailed surveys tend to be low, efforts were made to maximize the return rate. This was done through follow-up letters which were sent to all nurse educators at the end of September, several weeks after the initial mailing (Appendix D). Additional copies of questionnaires were made available in the office of each institution because "most people will have misplaced the original copy" (Polit & Hungler, 1987, p. 242).

Table 4 presents the information related to the distribution and return of survey instruments. A total of 183 instruments were delivered to four institutions. The largest number of returned instruments came from Institution #1 (n=27). Nurse educators from Institution #2 returned the fewest number of survey instruments (n=12). However, since this institution employs the fewest number of nurse educators (26), the fewest surveys were sent to this institution (n=26).

Eight survey instruments were incomplete and therefore discarded. The explanations given for incomplete surveys included (a) respondents were not part of the

Table 4

Distribution and Return of Survey Instrument

Nursing Institutions	Distribution n	Return n	Return % Total Group
#1	32	27	14.8
#2	26	12	6.6
#3	43	25	13.7
#4	82	21	11.5
Total	183	85	46.6

%= percentage

Collaborative Program (n=5), (b) the instrument was perceived as irrelevant to the Collaborative Program (n=2), and (c) the questions had a negative focus (n=1). The total sample size consists of 85 respondents. This number represents a return rate of almost 47%. This return rate may be a limitation to the study since Polit and Hungler (1987) suggest a 60% return rate is probably sufficient; however, they also recognize "lower response rates are common" (p. 242).

The data analysis began immediately following the given deadline of October 22, 1990. This date was chosen for two reasons. Firstly, it provided ample time (seven weeks) for nurse educators to complete and return the survey instrument. Secondly, although Alberta's Department of Advanced Education did not make a public statement sanctioning the Collaborative Program until November 1990, it had promised to make such a statement before the end of October 1990. Any survey instruments returning after government declaration of acceptance or rejection of the proposed Collaborative Program might have reflected concerns that differed from those expressed by nurse educators returning earlier survey instruments.

Data Analysis

Data from Sections I and III of the survey instrument were input at the University of Alberta by the Center for Research in Applied Measurement and Evaluation. Data were computed by The Statistical Package for the Social Sciences (SPSS-X, Release 3.0). An analysis of the data was accomplished according to methods described in the following sections.

Demographic Profile of Participants

A request for demographic data was added to the survey instrument because "demographic data may help explain why

certain concerns stages are more or less intense" (Hall et al, 1977, p. 29). Although demographic variables are considered to be an important source of information, only a modest relationship between demographic variables and reported concerns has been established by CBAM studies (Hall et al, 1977).

The demographic data for nurse educators were analyzed in terms of frequencies and percentage distributions for age, educational level, current educational program enrollment, nurse educator experience, and number of Collaborative Program committee memberships. The three demographic variables considered to be important for this study included (a) educational level, (b) nurse educator experience, and (c) employing institution.

The first two demographic variables, educational level and nurse educator experience, were considered important because "the degree of intensity of different concerns about an innovation will vary depending on the individual's knowledge and experience" (Hord, 1981, p. 3). The variable, institution, is important to this study because it may reflect differences in work environment and curricular milieu.

Stages of Concern

The process of analyzing the SoC was done by the following methods:

1. The 35 Likert scale statements or items that comprise the SoC questionnaire were explored by ranking them according to mean values. They were grouped into the seven SoC according to the concern that is reflected in each statement (see Table 3). For example, the statements "I would like to discuss the possibility of using this innovation (item 14)," and " I would like to know how this innovation is better than what we have now" (item 35) both refer to seeking further information and as so are grouped as part of Stage 1, Informational concerns. A mean score for each stage was also determined. A detailed review of each of the seven SoC is provided in the discussion of the findings of this investigation in Chapter 4.

2. The Likert scale (0-7) was collapsed into four categories: Irrelevant (0), Not true (1,2,3), Somewhat true (4,5,6), and Very true (7). These groupings are consistent with those suggested by the CBAM so that conceptual meaning can be given to the numbers. It also aids in the discussion of the intensities reported by the nurse educators in this study.

The intensity of a SoC is determined by scale scores: The higher the score, the more intense the concern and the lower the score, the less intense the concern is at that stage. Higher and lower intensities of concerns are not absolute but relative to other stage scores for that individual (Hall, George, & Rutherford, 1977).

3. The data for the SoC were interpreted according to the SoC About an Innovation (see Table 1, Chapter 2). Specifically, descriptions defined by the CBAM for Stage 0 (Awareness), Stage 1 (Informational), Stage 2 (Personal), Stage 3 (Management), Stage 4 (Consequence), Stage 5 (Collaboration), and Stage 6 (Refocusing) will be discussed in greater detail in Chapter 4.

Areas of Concern

1. The seven stages of concern are also grouped into three *Areas of Concern:* self, task, and impact. They are analysed by frequency and percentages of the (a) highest scored areas (most intense), (b) institutional differences, (c) education level, and (d) years of nurse educator experience.

2. Each Area is represented by one or more of six SoC (Table 5). Since Stage 1 (Awareness) represents a lack of concern, it is not considered to be associated with any of the three areas and is thus classified as *unrelated*.

Self concerns. The self concerns are represented by the Informational concerns of Stage 1 and the Personal concerns of Stage 2. These two stages reflect concerns that have a self component in that information about the innovation is sought as a result of respondents' motivation to do so (Stage 1) and their priority is focused on how the innovation will directly impact them personally and professionally (Stage 2). For

Table 5

Areas of Concern

Areas of Concern	Item Numbers				
Unrelated					
Stage 0: Awareness	3,	12,	21,	23,	30
Self Concerns					
Stage 1: Informational	6,	14,	15,	26,	35
Stage 2: Personal	7,	13,	17,	28,	33
Task Concerns					
Stage 3: Management	4,	8,	16,	25,	34
Impact Concerns					
Stage 4: Consequence	1,	11,	19,	24,	32
Stage 5: Collaboration	5,	10,	18,	27,	29
Stage 6: Refocusing	2,	9,	20,	22,	31

example, statements related to the area of self include (a) "I would like to know what resources are available if we decide to adopt this innovation" (Stage1, Informational; item 15) and (b) "I would like to know how my role will change when I am using the innovation" (Stage 2, Personal; item 33).

Task concerns. How instructors can make the innovation work are task areas of concern. They are represented by

items that relate to concerns in Stage 3 (Management). Concerns in this Area are limited to activities and responsibilities that are a direct result of the innovation. Two statements from the Management concerns of Stage 3 which address task concerns include (a) "I am concerned about my inability to manage all the innovation requires" (item 16), and (b) "I am concerned about time spent working with nonacademic problems related to this innovation" (item 25)

Impact concerns. Those concerns which deal with that part of the innovation which affect students, cooperation with co-workers, and the exploration of new alternatives are categorized as impact concerns. They are represented by the Consequence concerns of Stage 4, the Collaboration concerns of Stage 5, and the Refocusing concerns of Stage 6. A concept which is common to each of these three stages is the effect or impact that the innovation will have on people (students, faculty) and resources. Statements such as "I am concerned about evaluating my impact on students" (Stage 4, Consequence; item 19), "I would like to know what other faculty are doing in this area (Stage 5, Collaboration; item 29), and "I would like to modify our use of the innovation based on experiences of our students" (Stage 6, Refocusing; item 22) are examples of impact concerns.

3. Frequencies and percentage distributions (using scale scores) for highest scored Areas of Concern (self, task, and impact) are cross tabulated by institution, educational level, and nurse educator experience.

4. The data for Areas of Concern were interpreted according to the SoC About an Innovation definitions (see Table 1, Chapter 2).

Open-ended Questions

Providing an opportunity for nurse educators to contribute individual responses aids in determining concerns which are specific to the Collaborative Baccalaureate Nursing Program. Three questions were used to probe concerns related to the individual (self), operational activities (task), and the effect it may have on students, faculty, and resources (impact). Nurse educators contributed a total of 449 comments to the three open-ended questions. Most of the comments could not be identified as responses to a specific open-ended question because many overlapped in subject content. For this reason, the responses were not grouped according to the three questions but according to the subject contained within them. The following methods were used in the content analysis of the open-ended questions:

1. All responses reflecting similar concerns were grouped into general themes: instructor, individual, program, and

student. This was done because there was an overlapping of subject matter in the responses across all three open-ended questions. Within each of these four theme areas, responses were further collapsed into smaller groupings that related to the theme. These groupings were given appropriate topic labels.

2. The open-ended questions are discussed according to frequencies and percentage distributions of responses across institutions for each of the topics within the general theme areas.

Institutional Profile

1. The relative intensity of each of the SoC reported by nurse educators across institutions was explored for the relative intensity as determined by percentages of the mean stage scores.

2. Frequencies and percentage distributions (using scale scores) provided the analytical technique for exploring concerns across institutions.

3. The intensity of concerns by institution is also compared for the variables educational level and nurse educator experience.

Highest Stage Scores

1. Frequencies and percentage distributions (using scale scores) are used to determine nurses educators' highest scored

stage (Peak Stage Score Interpretation, Hall et al, 1977) by institution.

2. Highest scored SoC across institutions are compared by the variables education level and nurse educator experience. The data are examined using frequencies and percentage distributions of scale scores.

Summary

The SoC questionnaire (including open-ended and demographic questions) was distributed to nurse educators at four institutions in Edmonton in order to determine their concerns related to the Collaborative Baccalaureate Nursing Program. Frequency, percentage distributions, and mean scores were used in the analysis of SoC items and responses to open-ended and demographic questions. Concerns were analysed for intensity of item responses, Stages of Concern, and Areas of Concern. Concerns were also analysed by the variables education level, nurse educator experience, and institution. Responses to the open-ended questions have been grouped according to four themes and were also analysed for frequencies and percentage distributions. The next chapter reports and discusses the research findings of this study using the methods of analysis described here.

CHAPTER 4

RESULTS AND DISCUSSION OF FINDINGS

This chapter provides results of the survey instrument. The data were examined in a variety of ways in order to answer the research question posed by this study: At what Stages of Concern (SoC) are nurse educators during the implementation phase of curricular change in the Collaborative Baccalaureate Nursing Program in Edmonton?

The first section describes the professional and demographic variables of nurse educators in this study. The next section describes the degree of intensity nurse educators report for SoC and Areas of Concern including self, task, and impact. A discussion of the responses to open-ended questions in the survey instrument identifies concerns specific to the Collaborative Program.

The final section examines institutional differences and the most intense stages of concern according to two variables: achieved educational level and nurse educator experience. These two variables were chosen because both knowledge (educational level) and experience (nurse educator experience) were considered factors which might have the greatest influence on the concerns nurse educators have when they experience change.

Nurse Educator Profile

Nurse educators were asked to answer six personal and professional questions in Section III of the survey instrument (see Appendix A for instrument). The findings are presented in Table 6. Percentages from tables are rounded off for discussion in this chapter). The data obtained included (a) age, (b) highest educational attainment, (c) enrollment in postgraduate courses, (d) nursing experience, (e) nurse educator experience, and (f) number of committee memberships related to the Collaborative Program.

As can be seen from this table, most of the nurse educators in this study are in their 30s or 40s. They have attained a Bachelor's Degree in Nursing and almost half are enrolled in postgraduate study. One of the outcomes of the proposed Collaborative Program is the perceived need by nurse educators to upgrade their current education level. The Collaborative Program will offer a Bachelor in Nursing degree. The majority of nurse educators in this study (69%) have not attained a degree higher than what will be offered by the Collaborative Program. This may be the motivating factor for almost half (48%) of the nurse educators to enroll in graduate courses.

Table 6

Nurse educators' Personal and Professional Values

Variable	n	%
1. Age		
20-30 years	12	14.1
31-40	32	37.7
41-50	32	37.7
50+	9	9.4
2. Highest Education Degree		
Diploma	-	-
Bachelor	59	69.4
Master	21	24.7
Doctorate	5	5.9
3. Postgraduate Courses		
Yes	41	48.2
No	41	48.3
No Response	3	3.6
4. Nursing Experience		
1-10 years	37	43.5
11-20	39	45.9
20+	9	10.6
5. Nursing Education Experience		
0-10 years	49	57.6
11-20	31	36.5
20+	5	5.9
6. Committee Membership		
1-2	12	14.1
3-4	54	63.5
4+	19	22.4

N=85

Almost half of nurse educators (46%) report between 11 and 20 years of nursing experience and 37% report the same amount of experience in nursing education. This is an indication that the respondents represent a group of nurse educators who are well established in nursing practice and nursing education.

When asked how many committees they served for the development and delivery of the Collaborative Program, 86% reported three or more committee memberships. This, is in addition to work responsibilities plus academic responsibilities (for those 48% enrolled in graduate study) increases the total work requirements for nurse educators involved in the collaborative venture. The workload created by the Collaborative Program is reflected in nurse educators' responses to the open-ended questions discussed in a later section of this chapter.

Stages of Concern

This study examined nurse educators' concerns in the context of the Collaborative Baccalaureate Nursing Program. The intensity of concerns are measured by the SoC instrument which identifies seven stages that people go through as they experience change. Nurse educators move from a lack of *Awareness* (Stage 0) about the Collaborative Program to

searching for more *Information* (Stage1) about it. Concerns expressed at Stage 2 (*Personal*) relate to how the change in curriculum will affect them on a professional as well as personal basis. When nurse educators are concerned about the operational activities that change involves, they are responding to the concerns of Stage 3 (*Management*). The last three stages represent concerns that relate to how the program impacts students (Stage 4, Consequence), cooperative activities with others (Stage 5, Collaboration), and modifying plans or finding new alternatives (Stage 6, Refocusing).

In this study the 35 statements on the survey instrument are referred to as concern *items* or *statements*. Each statement represents a concern that is reflected in one of the seven stages of concern.

Item Responses

Table 7 presents the responses to each of the 35 SoC items. These responses provide a visual representation of the concerns nurse educators have about the Collaborative Baccalaureate Nursing Program. The statements have been ranked according to mean scores. Higher intensity concerns are reflected in higher mean scores. Also, the Likert scale (0-7) was collapsed (according to the CBAM) into four levels which reflect the degree of concern about the Collaborative Program: 0 =*irrelevant* ; 1,2,3 = *not true* of me now; 4,5,6 = *somewhat*

Table 7

Item Responses for Stages of Concern

Rank	Question Number	Mean	Item Scale: Irrelevant (0)	Not True (1-3)	Somewhat True (4-6)	Very True (7)
1	27	5.4[a]	2	9	47	27
2	13	5.3[a]	2	9	47	27
3	10	5.2	1	12	48	24
4	11	5.2	-	12	54	19
5	33	5.1	3	11	47	24
6	28	4.9	3	14	48	20
7	29	4.8	4	15	43	23
8	17	4.7	1	21	47	16
9	24	4.6	7	12	51	15
10	15	4.6	6	18	43	18
11	26	4.4	7	20	44	14
12	7	4.3	6	22	41	16
13	18	4.2	2	32	36	15
14	19	4.1	4	28	46	7
15	1	4.0	-	32	45	8
16	32	4.0	10	22	42	11
17	5	3.9	5	23	49	8
18	8	3.7	4	34	36	11
19	22	3.6	13	24	41	7
20	14	3.5	16	21	33	15
21	25	3.5	4	41	34	6
22	4	3.4	6	35	37	7
23	35	3.3	7	42	23	13
24	31	3.3	14	25	40	6
25	21	3.2	4	40	33	8
26	16	3.2	1	46	34	4
27	34	2.8	10	47	23	5
28	20	2.4	10	54	18	3
29	2	2.4	6	60	18	1
30	12	2.4	7	57	17	4
31	6	2.2	4	63	18	-
32	9	2.0	22	42	21	-
33	30	1.4	14	61	8	2
34	3	1.1	14	68	3	-
35	23	1.0	39	39	6	1

[a]Mean scores differ due to collapsing values on Likert scale.

true of me now; 7 =*very true* of me now. For example, in item 27 ("I would like to coordinate my effort with others to maximize the innovation's effects") the mean was relatively high (M=5.4) when compared to other items. This was because 47 nurse educators reported this statement to be *somewhat true* of them and 27 nurse educators reported this statement to be *very true* of them. Item 27 thus represents an intense concern. Item 9, "I am concerned about revising my use of the innovation," on the other hand represents a relatively low degree of concern (M=2.0). Only 21 respondents reported the item to be *somewhat true* of them and no one reported it to be *very true* of them. In addition, 64 nurse educators reported the item as *irrelevant* or *not true* of them.

Discussion of findings. The mean scores for all items ranged in intensity from 1.0 to 5.4. Individual items that have high scores when compared to the other items are considered to represent more intense concerns to participants. For example, statements which represent intense concerns in this study address coordinating efforts with others (Statements 27, M=5.4 and 10, (M=5.2). These concerns may be expected since the Collaborative Program encompasses five nursing institutions. At the time of data collection, nurse educators were heavily involved in cooperating in curricular planning and development activities.

Another intense concern was reported for item 13 (M=5.3), "would like to know who will make the decisions." Nurse educators have traditionally been directed by an administration within their own institution. These traditional administrative structures must be replaced by an organizational structure that encompasses five nursing institutions if the Collaborative Program is to be truly collaborative in nature. The degree of institutional autonomy at the time of data collection was not clear and this concern is reflected in the reported high intensity for Statement 13.

Other concerns important to nurse educators in this study relate to students (Statement 11, "I am concerned about how the innovation affects students," M=5.2) and personal roles (Statement 33, "I would like to know how my role will change when I am using the innovation," M=5.1).

The lowest mean scores, and therefore of least concern for nurse educators, include items 3, "I don't know what the innovation is," (M=1.1) and 23, "Although I don't know about this innovation, I am concerned about things in the area" (M=1.0). Low mean scores on these items indicate that the nurse educators in this study are knowledgeable about the Collaborative Program.

An examination of individual items or statements does not provide an overall picture of the concerns nurse educators

have about the Collaborative Program; however it does provide insight into how the scores of certain items influence the overall stage scores and subsequent intensity of the stages. Grouping concern items into the stages they represent does provide a general picture of the concerns nurse educators have as they experience the changes involved in moving away from the current diploma program to the degree granting Collaborative Program.

Seven Stages of Concern

Each of the seven Stages of Concern About an Innovation are represented by five statements randomly distributed throughout the questionnaire. Table 8 presents a mean score ranking of concern item numbers within each of the stages they represent. As can be seen in the Table, the means range from 1.8 (Stage 0) to 4.9 (Stage 2). When examined within each stage, the means of each item ranges from the lowest of 1.0 (Stage 0) to 5.4 (Stage 5). In other words, the intensity of concerns for a particular stage is dependent upon the degree of intensity of each of the five items within the stage. For example, the high mean score for Stage 2 ($\underline{M}$=4.9) is due to the high mean scores of the items within this stage ($\underline{M}$=4.3 to 5.3) and the low mean score for Stage 0 ($\underline{M}$=1.8) is due to the low mean scores of Stage 0 items ($\underline{M}$=1.0 to 3.2).

Table 8 Item Responses by Stages of Concern

Item Number	Mean	Irrelevant (0)	Not True (1-3)	Somewhat True (4-6)	Very True (7)
			Stage 0 (Awareness)	M=1.8	
21	3.2	4	40	33	8
12	2.4	7	57	17	4
30	1.4	14	61	8	2
3	1.1	14	68	3	-
23	1.0	39	39	6	1
			Stage 1 (Informational)	M=3.6	
15	4.6	6	18	43	18
26	4.4	7	20	44	14
14	3.5	16	21	33	15
35	3.3	7	42	23	13
6	2.2	4	63	18	-
			Stage 2 (Personal)	M=4.9	
13	5.3	2	9	47	27
33	5.1	3	11	47	24
28	4.9	3	14	48	20
17	4.7	1	21	47	16
7	4.3	6	22	41	16
			Stage 3 (Management)	M=3.3	
8	3.7	4	34	36	11
25	3.5	4	41	34	6
4	3.4	6	35	37	7
16	3.2	1	46	34	4
34	2.8	10	47	23	5
			Stage 4 (Consequence)	M=4.4	
11	5.2	-	12	54	19
24	4.6	7	12	51	15
19	4.1	4	28	46	7
1	4.0	-	32	45	8
32	4.0	10	22	42	11
			Stage 5 (Collaboration)	M=4.7	
27	5.4	2	9	47	27
10	5.2	1	12	48	24
29	4.8	4	15	43	23
18	4.2	2	32	36	15
5	3.9	5	23	49	8
			Stage 6 (Refocusing)	M=2.7	
22	3.6	13	24	41	7
31	3.3	14	25	40	6
20	2.4	10	54	18	3
2	2.4	6	60	18	1
9	2.0	22	42	21	-

In the discussion of the SoC in this section, the stage descriptions presented are based on the definitions provided by the CBAM and displayed in Table 1 Chapter 2.

Stage 0, Awareness. The first stage focuses on the degree of interest or *awareness* individuals have about curricular change. Low scores for items would indicate that a lack of awareness (which may or may not be combined with a lack of interest) is *irrelevant* or *not true* of the person. As a group, the nurse educators in this study scored lowest (M=1.8) for this stage. The low score is an indication that nurse educators in this study have few concerns for issues represented by items in this stage. It is concluded therefore, that they have both knowledge and interest in the Collaborative Program.

The three lowest mean scored items (3, 23, and 30) are found in this stage. They relate to lack of knowledge about the Collaborative Program (3 and 23) and lack of interest in it (30). Item 21, "I am completely occupied with other things" scored highest in this stage (M=3.2) This may be a reflection of the workload concerns identified by nurse educators in the open-ended questions discussed in a later section of this chapter.

Stage 1, Informational. CBAM defines the concerns of Stage 1 as those concerns dealing with information or knowledge about the Collaborative Program. Persons who report high

scores on this stage are concerned about learning general rather than detailed information about what the Collaborative Program is in terms of its structure and function.

Generally, the nurse educators in this study have relatively low concerns for Stage 1 ($\underline{M}$=3.6). Nurse educators indicate they have a basic knowledge of what the Collaborative Program is since item (6) "I have a very limited knowledge about the innovation" scored lowest ($\underline{M}$=2.2) A certain confidence in the Collaborative Program may be inferred by the low score for item 35 ($\underline{M}$=3.3) "I would like to know how this innovation is better than what we have now." An acceptance of the new program by most nurse educators is a reasonable interpretation since nurse educators have little concern for making comparisons between the current and new program.

There are two particular concerns in Stage 1 which nurse educators reported as more intense. The desire to know "what resources are available if we decide to adopt this innovation" (item 15, $\underline{M}$=4.6) and "what the use of the innovation will require in the immediate future" (item 26, $\underline{M}$=4.4) were considered important to the majority of the nurse educators in this study. The informational concerns of Stage 1 do not have a strong *self* focus but rather are centered on the curricular change itself. Unlike Stage 1 however, the focus on self is emphasized in the concerns of Stage 2.

Stage 2—Personal. The second stage which centers on *personal* concerns addresses how a change will affect individuals on a personal level. Hall (1977) suggests that people who score high on this stage have uncertainties about their role and status within the system. They may also question the potential or real effects of the planned educational change.

Since the personal concerns of Stage 2 have the highest reported mean score (M=4.9), they represent the most intense concerns for many of the nurse educators in this study. This is an indication that the ways in which the Collaborative Program impacts upon nurse educators represent their most intense concerns.

Some of these personal concerns relate to the need for knowledge and information about "how my role will change when I am using the innovation" (item 33), "time and energy commitments required by this innovation" (item 28), and "how my teaching or administration is supposed to change" (item 17). Nurse educators reported highest scores and therefore most intense concerns for item 13 (M=5.3) which relate to the decision-making process. The greatest number of *very true* responses for any item was reported for this concern (n=27). As previously discussed (Table 7), nurse educators are concerned about the form the administrative structure will

take once the Collaborative Program is implemented. Although item 7, "I would like to know the effect of reorganization on my professional status" represents the least intense concern in this stage, the mean score (M=4.3) is relatively high compared to other items (see Table 7).

Stage 3, Management. The concerns of the third stage relate to the processes and tasks associated with the innovation. Nurse educators who report management concerns focus on such things as organizing (item 4), scheduling and managing activities (items 16 and 25) of the Collaborative Program.

Since nurse educators report personal concerns as most intense, it may be predictable that item 8, "I am concerned about conflict between my interests and my responsibilities," has the highest reported score (M=3.7) because of the strong self focus within its management-orientation. Item (34) "coordination of tasks and people is taking too much of my time" has scored lowest in this stage (M=2.8). *Coordinating tasks and people* is not within the job description of non-management nurse educators, and since none of the nurse educators in this study work primarily in administration, this concern has less meaning to them than other concern items. Concerns that have more meaning for the nurse educators in this study are represented by items in Stage 4.

Stage 4, Consequence. Concerns that address how the Collaborative program will affect student outcomes are represented in Stage 4. The items are directed towards the concerns related to students' attitudes toward the Collaborative Program (item 1), evaluating personal influence on students (item 19), and influencing student interest in the Collaborative Program (item 24).

The group of concerns defined by Stage 4 were reported by nurse educators to be fairly intense ($\underline{M}$=4.4) relative to items in other stages and are more similar in degree of intensity to personal concerns identified in Stage 2. Since students are the focus of nurse educators' work, high scores in this stage were expected.

The item with the highest mean score and therefore considered a priority student concern for nurse educators has to do with how the Collaborative Program will affect students (item 11, $\underline{M}$=5.2). Less concern was identified for using student feedback to change the program (item 32). This item was not as intense as indicated by the lower mean score (4.0) as other items probably because nurse educators in this study report low scores and therefore less intensity for those concerns dealing with program changes (see discussion of Stage 6).

Stage 5, Collaboration. The primary focus of Stage 5 is on *collaboration* and cooperation in the use of the innovation.

This stage centers on concerns about the Collaborative Program related to developing working relationships with "both our faculty and outside faculty" (item 10), interest in "what other faculty are doing" in relation to the new program (item 29), and familiarizing "other departments or persons with the progress of this new approach" (item 18).

The highest score on a single item (27, M=5.4, "I would like to coordinate my effort with others to maximize the innovation's effects") occurs in this stage, which suggests nurse educators feel strongly about coordinating their efforts with others in order to make the Collaborative Program workable. Since the Collaborative Program depends upon the cooperation of five nursing institutions, a high score (therefore high degree of intensity) indicates awareness by nurse educators that coordination is an important criteria to the success of the program.

Item 5, "help other faculty in their use of the innovation" received the lowest mean value (M=3.9) for Stage 5; however more than half of the respondents felt that helping peers was "somewhat" (n=49) or "very true" (n=8) of them.

Stage 6, Refocusing. The concerns of Stage 6 center on exploring general benefits of the Collaborative Program and the possibility of creating new approaches for its use. For example, items 2, 9, 20, and 31 refer to supplementing, enhancing,

replacing or revising the Collaborative Program. Nurse educators who identify intense concerns here would be expected to have a great deal of experience with the Collaborative Program. This is not possible since nurse educators are presently in the initial phase of program development. This lack of experience with the Collaborative Program accounts for the low score ($\underline{M}$=2.7) and therefore a low level of concern for revising the proposed program. Concerns that are more immediate to nurse educators take precedence over concerns for alternative approaches especially since initial approaches have yet to be tried.

Summary

Nurse educators in this study are most concerned with those areas they can relate to on an individual (personal concerns, Stage 2) and professional (collaborative concerns, Stage 5; student concerns, Stage 4) level. Stages that focus on areas which include informational needs (Stage 1), management issues (Stage 3), and making changes to proposed plans (Stage 6) were not so intense. In general, the nurse educators in this study are least concerned with the need to develop an initial awareness about the Collaborative Program (Stage 0).

Areas of Concern.

This section examines *Areas of Concern* as representations of the constructs that are inherent in each of the seven Stages of Concern About an Innovation. The objective of this alternate approach to the study of concerns is to determine whether additional information can be obtained when concerns are examined from another perspective. Since the Areas of Concern are a combination of more than one stage, little can be determined by comparing the intensity of concern nurse educators experience in each area. Instead, the Areas of Concern are discussed in terms of the highest scores reported which are considered to be indicative of the most intense concerns.

The seven stages of concern are represented by one of three *Areas* of *Concern* : *self, task, and impact* (Hord, 1981). The initial *self* concerns (Stages 1, Informational; Stage 2, Personal) relate to how the individual is affected by the innovation. *Task* concerns (Stage 3, Task) relate to how the individual can make the new program work and *impact* concerns (Stages 4, Consequence; Stage 5, Collaboration; Stage 6, Refocusing) relate to the effect the new program has on students, working activities, and general impact issues. Since Stage 0 (Awareness) defines concerns as irrelevant, it does not represent self, task, or impact concerns.

Highest Scored Area

Table 9 presents data for the most intense areas of concern

Table 9

Highest Scored Area of Concern

	Area of Concern		
	Self	Task	Impact
Total	44	10	27
Percent[a]	54.3	12.3	33.3

N = 81

Ties = 4

[a] Totals do not equal 100%, the error is due to rounding.

for nurse educators. The number of responses reported is 81, due to four people having equal intense concerns in more than one area. More than half the nurse educators in this study (54%, N=44) report high scores for self concerns. This is due in part to the fact that the personal concerns of Stage 2, received the highest mean score (M=4.9, Table 8).

The fact that nurse educators in this study report high self concerns in the early stages of program development is consistent with the CBAM assumption that concerns are developmental in nature. That is, the concerns one experiences evolve or develop in a fairly predictable fashion from self, to task, to impact concerns as more experience is gained with the innovation (Hall et al, 1973). There is less predictability however, when data for the second highest area of concern are examined.

Second Highest Scored Area

One third of nurse educators scored highest for impact concerns (n=27, 33%). Since the data were collected during initial curriculum development, it might be considered more probable that task concerns would rank second rather than third (12.3%, n=10). However, the ranking of impact concerns as second in degree of intensity indicates that nurse educators not only recognize their role as student advocates (Stage 4) but also the importance of collaborative efforts (Stage 5) as a necessary criteria for successfully implementing the Collaborative Program.

Demographic Variables

Table 10 presents data for the most intense areas of concern (highest scores) by the demographic variables of institution, education, and nursing education experience. There are some

Table 10

Highest Scores for Areas of Concern by Demographic Variables

Variables	Areas of Concern: Self n	Self %	Task n	Task %	Impact n	Impact %	Total n	Total %[a]
1. Institution:								
#1	16	59.3	5	18.5	6	22.2	27	100.0
#2	8	66.7	-	-	4	33.3	12	100.0
#3	15	68.2	3	13.6	4	18.2	21	100.0
#4	5	25.0	2	10.0	13	65.0	21	100.0
2. Education:								
Bachelor	37	64.9	7	12.3	13	22.8	57	100.0
Master	7	36.8	3	15.8	9	47.4	19	100.0
Doctorate	-	-	-	-	5	100.0	5	100.0
3. Nursing Education Experience								
0-5 years	15	65.2	2	8.7	6	26.1	23	100.0
6-10	11	47.8	5	21.7	7	30.4	23	100.0
11-15	13	56.5	2	8.7	8	34.8	23	100.0
16-20	3	42.9	1	14.3	3	42.9	7	100.0
20+	2	40.0	-	-	3	60.0	5	100.0

N = 81

Ties = 4

[a]Totals do not equal 100%, error due to rounding.

findings of note that appear to form a pattern when the Areas of Concern (self, task, and impact) are studied in relation to these variables.

Institution. The Area of Concern nurse educators report as most intense (highest scores) may be program-specific because more than half of the nurse educators employed at the hospital-based nursing programs (#1, #2, #3) cite self concerns as most intense. The university-based program (#4) differs from the other programs in that 65% (n=13) of the nurse educators cite impact concerns as most intense.

Education level. Educational attainment may be predictive of the area cited as most intense because approximately 65% of the nurse educators who have attained a Bachelor degree as highest education level report high scores for self concerns. Almost half of the nurse educators who have academically gone beyond the Bachelor degree and attained a Master degree (47%) report high scores for impact concerns. All of the nurse educators who have achieved the highest education level (Doctorate) also report intense impact concerns.

Experience. Nurse educator experience may also influence concerns nurse educators report. Sixty five per cent of nurse educators who have the least experience (0-5 years) cite self concerns (n=15) while 43% of those who have 16 or more years experience cite intense impact concerns (n=3). Although 60% of

nurse educators with the most experience (20 or more years) report impact concerns as most important, it is difficult to determine how meaningful this is because there are only six nurse educators in this category. The nurse educators with 6-10 and 11-15 years of experience are similar in that almost half (n=11 and n=13 respectively) report intense self concerns while one third (n=7, n=8) cite impact concerns as most intense.

Summary

The data on Table 10 suggest that nurse educators who report self concerns as most intense are likely to be employed at a hospital-based nursing program, have achieved a Bachelor degree as the highest education level, and have fewer years of nursing experience. Nurse educators who report impact concerns related to how the Collaborative Program will affect students and working activities are most likely to be employed at a university-based program and have achieved a degree beyond the Bachelor's Degree in Nursing. Although task concerns were cited as most intense by some nurse educators, the data does not suggest a predictable pattern for any of the variables.

Open-Ended Responses

Section II of the Survey instrument (see Appendix A) includes three open-ended questions. The purpose of these

questions was to provide a richer, more indepth picture of nurse educators' concerns by obtaining input related to *self*, *task*, and *impact* concerns specific to the Collaborative Baccalaureate Nursing Program. These three concerns are important to an understanding of the nursing collaboration innovation because they generally reflect the concerns inherent in the seven SoC which represent major issues that may be present when nurse educators experience curriculum change.

The first question, "What personal concerns do you have related to the Collaborative Baccalaureate Nursing Program?" reflects a self component. The purpose of the self-related question was to elicit concerns arising from nurse educators' awareness of how the new program might affect them directly in their professional roles as nurse educators.

The second question, "What concerns do you have regarding the tasks involved in this Collaborative Program?" is activity or task orientated rather than self focused. This question is more pragmatic in nature in that its intent was to explore nurse educators' concerns related to the processes and activities associated with developing the Collaborative Program. Three subsections were added to this question on task concerns because task concerns related to the Collaborative Program covered much of the curriculum development. The addition of

these three sections was intended to assist nurse educators in reporting concerns with a strong task component and which cover a wide range of curricular activities both within institutions and between institutions.

Information specifically included curricular, staff development, and organizational tasks. Curricular tasks would include participation in any activities related to developing, refining, or revising program course content. The second subsection probed those activities which involve learning about the Collaborative Program and keeping updated with new developments. These were considered staff development tasks. Organizational tasks were the focus of the third subsection and included collaborative processes directed toward such things as team teaching and the development of course leaders.

The third and final open-ended question asked, "What concerns do you have related to the Collaborative Program and expected student outcomes?" This question was primarily included to direct concerns to issues that are student-centered. It was also worded in such a way to invite other concerns that did not fit either the first or second open-ended questions.

There were a total of 449 responses to these three questions from the 85 nurse educators surveyed in this study (see Table 11). Any and all remarks a nurse educator made on one topic

Table 11

Open-Ended Responses by Institution

Institution	n	%	M
#1 (N=27)	173	38.5	6.4
#2 (N=12)	67	14.9	5.6
#3 (N=25)	143	31.9	5.7
#4 (N=21)	66	14.7	3.1
Total	449	100.0	

N=85

within one theme was considered one response. For example, if several comments were made by one nurse about committee tasks (instructor-related), they were counted as one response. The average number of responses per nurse in hospital-based programs was between five and seven (M=5.6 to 6.4). The university-based nurse educators were somewhat lower in frequency of response (M=3.1).

The combined responses for the three questions were grouped into four major themes including instructor, individual, program, and student. Within each major theme,

specific comments were organized into topics. The criteria used for the topical groupings were that (a) the item closely relate to the major theme and (b) five or more comments be reported for each topic. For example, within the theme labeled *instructor* eight topics were identified that were instructor related but distinct from one another. Each of these topics received from as few as five to as many as 38 responses.

Instructor Concerns

Instructor concerns relate to areas which affect individuals in terms of their position as a faculty members. Table 12 presents data for responses about instructor-related topics. The greatest percentage (26%) of instructor-related concerns addressed *preparation time* (n=38). All responses related to this concept include the amount of preparation and time needed for activities associated with the Collaborative Program. Most nurse educators referred to the need for adequate time to carry out their current workload and participate in the activities demanded by the Collaborative Program. The collaborative activities most often referred to included preparation for staff meetings, course development, and classroom teaching. Concerns about preparation time was reported by only two nurse educators from the university-based institution. This small number may be due to the fact

Table 12

Instructor Concerns

Topic	Institution #1 (N=27)	#2 (N=12)	#3 (N=25)	#4 (N=21)	Total	%
1. Preparation Time	15	9	12	2	38	26.2
2. Teaching	19	-	8	2	29	19.9
3. Course Development	10	5	3	4	22	15.1
4. Committee Tasks	8	1	5	2	16	11.0
5. Collaboration	4	2	7	2	15	10.3
6. Updating Information	6	3	3	2	14	9.6
7. Miscellaneous	1	1	2	3	7	4.8
8. Role	-	1	3	1	5	3.4
Total	64	22	43	17	146	100.0
Row Percent[a]	43.8	15.1	29.5	11.6	100.0	

[a] Totals do not equal 100%, error due to rounding.

that nurse educators from the university program will not be teaching in the Collaborative Program until the third and fourth year of the program which will not begin until 1993.

Concerns related to *teaching* responsibilities in the Collaborative program ranked second (20%, n=29). Responses for this topic referred to all aspects of classroom and clinical teaching including team teaching and the use of course leaders. Most of the concerns were reported by nurse educators from Institution #1 (n=19). Collaborative plans in this institution are well ahead of most others. At the time of data collection, nurse educators were making decisions related to specific teaching responsibilities. This may also be the reason that the average number of responses per nurse was highest in Institution #1 ($\underline{M}$=6.4, see Table 11).

Generally, nurse educators were concerned about having the opportunity to teach in an area of interest. Not all nurse educators, however, agreed with this view: "Very important teaching assignments should be allotted based on expertise and experience--not interest." Other concerns focused on team teaching ("I don't want to team teach. I think it is not an approach I am most comfortable with." "Team teaching requires much pre-work to attain consensus, best strategies, and organization.") and course leaders ("Course leaders should

be abolished." "Course leaders require organizational skills--all not going to use this concept.").

The Collaborative Program involves course development at the institutional and inter-city level. Many of the *course development* concerns (n=22) center on developing courses for which nurse educators have little interest or a perceived lack of expertise. Evidence of this was apparent in one nurse's statement that was representative of several others: "I've been assigned to develop a course which at this point seems far from my area of interest or expertise. I wish I could rather have helped develop a course I like." When responses did not reflect interest or expertise concerns, they were directed towards the element of time, "I have enjoyed involvement in course development and with other committees I have been on. However these are time consuming and over and above my regular workload."

Committee tasks are a necessary part of planning activities for the Collaborative Program. All of the nurse educators in this program participate in at least one committee activity (see Table 6). The nurse educators who addressed this area were concerned about (a) the frequency of meetings: "too many long meetings," (b) time and input: "I want to maintain my input but not have to attend a meeting every week to do

so!!" and (c) communication: "Communication gaps between committees."

The concern for adequate communication was also cited for *collaboration* concerns. These concerns encompassed all remarks (n=15) relating to activities that involved more than one institution. Most of the statements were directed towards developing good relationships: "I would like to see sharing of resources and innovative ideas between faculties continue."

Ten percent of all instructor-related responses centered on concerns for *updating information* (n=14). Nurse educators remarked on the need to be informed of the changes and new developments occurring in the Collaborative Program. A few nurse educators (n=5) stated uncertainties about their future responsibilities (role): "I do not know what role if any I'll have once the program is instituted. "Among the miscellaneous statements were a small number (n=4) of concerns focusing on the need for staff development.

Since the need for staff development is a concern for only a small number of nurse educators, it may be assumed that at the time of data collection adequate staff orientation for the Collaborative Program was ongoing. Considering the statements made for *preparation time* and *committee tasks*, it could also indicate a disinterest in further meetings which may be perceived as time consuming.

There is a fairly wide range of subjects cited by nurse educators for instructor concerns. The statements classified under the theme labeled as *individual* are characterized by a more limited range of subjects.

Individual Concerns

A second major theme of the open-ended questions was *individual concerns*. These concerns are associated with the unique needs of nurse educators as they relate to the Collaborative Program. The three subcategories that have been identified as individual concerns include (a) workload, (b) job security, and (d) upgrading (see Table 13).

More than half (55%) of the responses for concerns that impact nurse educators on an individual level are related to their *workload* (n=38). This concern was cited by more than twice the number of nurse educators than the second ranked concern in this category (job security, n=17). It was the only concern that was reported in every one of the open-ended questions.

The responses classified as workload concerns directly focus on the uncertainties of the amount of increased work the Collaborative Program may demand and on the current increased workload nurse educators have as a result of collaborative planning activities. Most of the remarks were related to increasing the amount of work nurse educators have

Table 13

Individual Concerns

Topic	Institution #1 (N=27)	#2 (N=12)	#3 (N=25)	#4 (N=21)	Total	%
1. Workload	15	4	16	3	38	55.1
2. Job security	7	2	7	1	17	24.6
3. Upgrading	4	-	3	-	7	10.1
4. Miscellaneous	2	3	2	-	7	10.1
Total	28	9	28	4	69	100.0
Percent[a]	40.6	13.0	40.6	5.8	100.0	

been doing and juggling work related to the current and new program. One nurse commented, "Major concern here is workload. Staff are expected to take on additional responsibilities when workload is already heavy." Nurse educators will be expected to assume responsibilities in both the current and Collaborative Program during the first year and one-half of operation. The increased number of responses from Institutions #1 (n=15) and #3 (n=16) may be a reflection

of a more advanced stage of planning that was in place at the time of data collection.

Nurse educators' concerns about *job security* were represented by remarks that questioned whether there would be a place in the new program for them. Some were uncertain whether they met the qualifications for teaching in a degree program. Others wondered whether their jobs would be taken over by instructors teaching in the third and fourth years at the university-based institution. It is not surprising that all but one of these concerns came from hospital-based nurse educators. The concern for *upgrading* was also limited to nurse educators from the hospital-based institutions.

Graduates of the Collaborative Program will be prepared at the Bachelor's Degree level. Since 69% of nurse educators in this study have achieved this degree as their highest level of education (see Table 6), one might expect more than seven reported concerns for upgrading. However, almost half of the nurse educators are taking postgraduate courses (see Table 6) which may indicate that the decision to upgrade has already been established and is no longer considered a concern.

There is a general consensus among nurse educators in this study that workload and job security issues are important to them. These concerns may be justified when one considers the uncertainty of educational change and job stability within

the current economic system. Judging from the number of responses, however, it appears that other aspects of the Collaborative Program may represent a greater degree of concern among nurse educators.

Program Concerns

The third major theme in the open-ended questions related to *program* concerns which are listed in Table 14. These concerns are associated with activities and issues directly related to the Collaborative Program. Program concerns were identified as those responses which center on issues surrounding the Collaborative Program including course content, structure, and organization of the Collaborative Program.

Nurse educators' program-related responses are associated with concerns that directly affect themselves, their students, and nursing education in general. The *exit* concern focuses on the process of student selection to transfer from hospital-based programs to the university-based program. It was the most frequently cited concern (n=45). At the time of data collection, no decisions for selection criteria had been finalized since the issue was still under examination by a collaborative committee.

Nurse educators not only expressed concern for who would qualify but also how many would qualify. Four institutions in

Table 14

Program Concerns

Topic	Institution #1 (N=27)	#2 (N=12)	#3 (N=25)	#4 (N=21)	Total	%
1. Exit	12	12	12	9	45	24.6
2. Government Approval	11	5	12	7	35	19.1
3. Control	13	1	8	3	25	13.7
4. Content	6	3	4	6	19	10.4
5. Quality	3	2	2	11	18	9.8
6. Change process	7	3	6	1	17	9.3
7. Miscellaneous	1	3	6	-	10	5.5
8. Diploma	7	-	2	-	9	4.9
9 .Institutional Differences	-	-	4	1	5	2.7
Total	60	29	56	38	183	100.0
Percent	32.8	15.8	30.6	20.8	100.0	

Edmonton will transfer students to Institution #4, the university-based program. Since there are a limited number of spaces available, not all eligible students will be accepted. Those who apply and are not accepted will have the option of taking the diploma exit route. The following is a typical response to this situation and represents the ideas expressed by many of the nurse educators: "I hope we can graduate students into their desired careers--either diploma or degree. I think it would be shameful if we had to redirect students to fit our system (based on quotas) rather than based on their goals and abilities."

A second item many nurse educators chose to comment about at the time of data collection (n=35) related to *government approval*. For most nurse educators there was an uncertainty as to how the Collaborative Program would be affected if the Provincial Government did not approve the project. This is no longer a concern since the government officially sanctioned the establishment of this program in December 1990.

The third most frequently cited program concern (n=25) had to do with the *control* of the program. Responses that addressed the administrative and decision-making processes of the Collaborative program were grouped into this category. Some of the most frequently cited concerns included (a)

institutional autonomy, (b) decision-making, and (c) organizational and administrative structure. Some nurse educators were concerned that the Collaborative Program would be characterized by too much central control and others wondered who had the mandate to make decisions.

Content concerns related to all responses that included some reference to the clinical and academic issues of teaching and learning. Most of these remarks were limited to statements that expressed nurse educators' philosophy about the general nature of what a nursing program should be. It is in this area that a significant difference in philosophy may exist between hospital-based nurse educators and university-based nurse educators.

Those who subscribe to the traditional clinical setting felt that the Collaborative Program was "Too academic--too little clinical. Too much science, not enough art of nursing. "Some wondered: "Is enough emphasis going to be placed on bedside nursing where most of the nursing force is required at least today?" Nurse educators who support a general approach represent the university-based program and stated that there should be "Increased awareness of the entire health care system--also nation wide and global trends. Increased practice in multicultural nursing and in areas of deprivation e.g. poverty."

It is evident by these remarks that hospital-based nurse educators favor an emphasis on the clinical, acute-care setting and university-based nurse educators advocate a more general, community-based approach. The differences in philosophy may be due to the fact that university-based nurse educators are teaching in a degree program which supports a liberal education that is less hospital oriented. Hospital-based nursing programs may tend to emphasize the acquisition of clinical skills.

Concerns grouped under the heading of *quality* relate to general statements that refer to the nature of the Collaborative Program. The university-based nurse educators contributed 11 of the 18 responses to this subject. They were concerned that the program maintain consistency among the institutions and have the potential to graduate nurse educators who are adequately prepared. Some of the following comments reflected these concerns: "That students receive an education at the appropriate academic level, "Students may lose largely shaped by first two years and lack university/baccalaureate perspective," and "will it prepare them (students) in the year 2000? Will it teach them to think *and* care?"

Nurse educators who reported concerns about the *change process* (n=17) referred to (a) "Time involved in adjusting to Collaborative Program particularly in the first few years," and

(b) the the uncertainties of adjustment "Will I make the transition smoothly? Will the students suffer in the process? Will I survive the changeover? I am confident we could but uncertainties create doubts."

The responses for *diploma* concerns were focused on nurse educators' concerns that the diploma program may not be valued once the Collaborative Program is established (n=9). A few nurse educators remarked that the differences among nursing institutions might pose problems for a truly collaborative effort (*Institutional differences*, n=5).

The concerns expressed for the Collaborative Program in part reflect the dual nature of the nurse educator--nurse and educator. Some of the remarks are motivated by the desire to facilitate quality teaching and subsequent student learning and some are motivated by the desire to prepare students who will be capable of giving competent nursing care in a highly technical health care system.

Student Concerns

The fewest number of responses for all theme areas (n=51, Table 15) focused on the student. Perhaps this is because other cited concerns affect some aspect of student issues in some less direct manner. *Clinical* concerns ranked highest in number of responses (n=18, 35%). These remarks referred to the type and amount of clinical experience students would be

Table 15

Student Concerns

	Institution					
	#1 (N=27)	#2 (N=12)	#3 (N=25)	#4 (N=21)	Total	%
1. Clinical	11	2	2	3	18	35.3
2. Miscellaneous	4	1	6	1	12	23.5
3. Graduate	4	1	3	1	9	17.6
4. Attitude	1	2	3	-	6	11.8
5. Recruitment	1	1	2	2	6	11.8
Total	21	7	16	7	51	100.0
Percent	41.2	13.7	31.4	13.7	100.0	

offered in the Collaborative Program rather than actual content to be taught or learned from clinical experience. This was not a concern for many nurse educators in the Collaborative Program except for the nurse educators from Institution #1 who expressed the greatest number of concerns (n=11).

Some nurse educators suggested there was insufficient time allotted to clinical experience in the Collaborative Program:

"We are a *hands on* profession and my concern is that this (clinical) experience is limited in the Collaborative Program and this will result in a less prepared grad." Others were concerned about "clinical placements for third and fourth year courses."

The comments labeled as *graduate* concerns (n=9) address the quality and nature of new graduates of the Collaborative Program. Nurse educators who contributed these responses were concerned about the level of competency and professionalism that would characterize the graduate. Typical responses include, "I hope we have a functioning competent grad nurse" and "The student may graduate without a clear sense of self, without a focus." Concerns were also expressed for the graduates of the diploma exit route: "Diploma graduates will feel significantly inferior to those who decide to move on to take part in the degree program."

A few nurse educators reported concerns about student *attitude* (n=6). These remarks were directed towards concerns about the attitudes that might develop from the co-existence of two nursing programs. The following remarks typified this concern: "There will be hearsay between the old and new program, therefore a decrease in morale. False information can cause a division of students and snobbery." One nurse educator

said she had "more concerns for students in the existing program--inferiority complexes."

Nurse educators who responded to *recruitment* concerns (n=6) wondered how a greater number of qualified students could be attracted to the program. They were also concerned that recruitment into a four year versus a two and one half year program might discourage students from applying. Other responses categorized as *miscellaneous* included concerns about student workload, stress, and knowledge level.

The concerns nurse educators reported in the open-ended questions reflect in part the concerns that were identified in the statements representing the SoC (and discussed in previous sections of this Chapter). Greater detail and specificity of concerns related to the Collaborative Program, however, were evident from the data in this section. Open-ended responses may also indicate those concerns that are individually most significant to nurse educators and therefore provide data that have greater implications for nursing education in the Collaborative Program.

Nurse Educators' Concerns: Institutional Profile

The process of change is often a complex one. The concerns educators experience may depend in part upon the congruency of the innovation with institutional goals, structures, and

resources. Concerns also depend upon the degree to which changes in the institution conform with personal goals (Hall, 1973). Identifying institutional differences may help to better understand the concerns experienced by nurse educators in this study. An examination of the data for each institution is done in the following section to determine whether concerns may be institution specific.

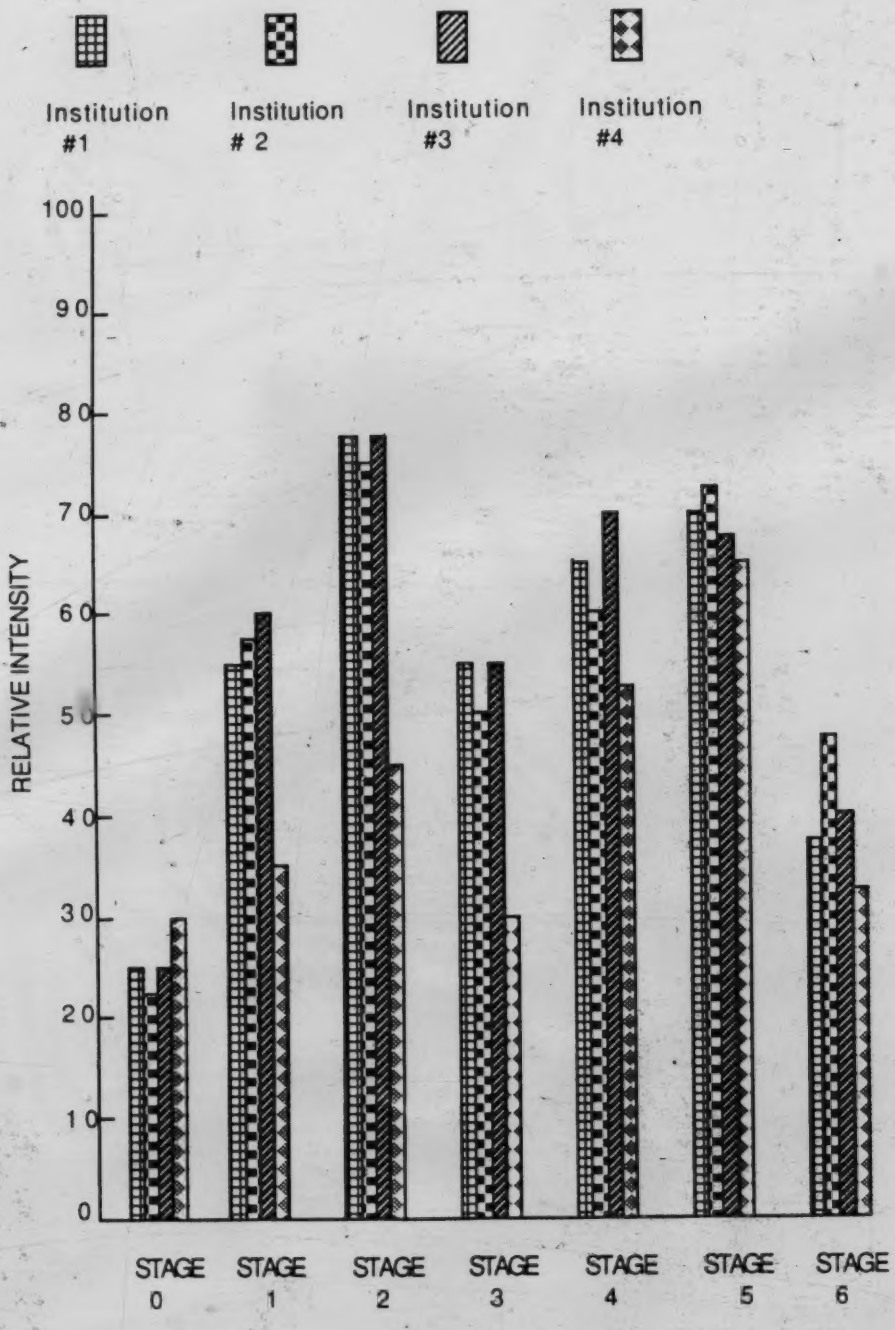
Individuals do not experience concerns at only one stage at a time. Instead, they experience varying degrees of concerns so that some stages are relatively more intense and others stages less intense. This phenomenon occurs because certain aspects of the innovation are perceived as more important than others.

Intensity of Concerns

Figure 4 illustrates the varying intensity of concerns reported by nurse educators in this study across the four institutions. The relative intensity of stages was determined by the percentiles of the mean scores for each stage by institution. The scores per institution for each stage therefore are relevant to the highest possible scores. For example, a relative intensity of 100 for Stage 2 would indicate that all nurse educators reported the highest score (seven) for every item in this stage.

Figure 4

Relative Intensity of Concerns per Institution



The concerns profile (degree of intensity of concerns for all stages) is most alike for hospital-based programs (Institutions #1, #2, #3). The nurse educators from these institutions report a similar degree of intensity for each stage. The nurse educators' most intense reported concerns were for the personal concerns in Stage 2. All three institutions reported low scores for awareness (Stage 0), management (Stage 1), and refocusing (Stage 6) concerns. The concerns profile for the university-based program (Institution #4) differs from the other three hospital-based institutions in a number of ways.

Generally, the concerns for the nurse educators from Institution #4 are less intense for all stages. This low intensity (low scores) is particularly true for informational (Stage1), personal (Stage 2), and management (Stage 3) concerns. These nurse educators are most like the rest of the sample in that they share a similar low degree of intensity for program awareness (Stage 0) and a higher degree of intensity for collaborative concerns (Stage 5).

Several explanations for the difference in degree of concern intensity may be plausible. One explanation is that the university-based institution will be involved in the third and fourth years of the program which will not be implemented until 1993. For these nurse educators, there remains time to organize and plan the delivery of the program.

Another reason for a generally lower intensity of concerns may be due to the fact that there is also a difference in attained educational level among the nurse educators from the university-based program (discussed later in this chapter). This fact may justify the inference that more of these nurse educators may have previous experience with educational change in nursing and the subsequent program and course development that accompanies this change.

Since nurse educators from the university-based program are also regarded as leaders in the Collaborative Program by hospital-based nurse educators, they may also have a vested interest in helping provide direction to others. Leaders generally have more concerns with program organization (Hall, 1977) which may explain why they reported the most intense concerns for collaborative activities (Stage 5) rather than the personal concerns (Stage 2).

In order to further explore any institutional differences, the data were analyzed by several variables. Specifically, the highest attained educational level and nurse educator experience were compared across the institutions. These two variables were chosen because they were considered to be the most relevant variables that might influence nurse educators' concerns about educational change. The institutional profiles

for attained educational level and nurse educator experience are presented in Table 16.

Education. The data for attained education level reported in the Table indicate a difference between the three hospital-based programs and the university-based program. Over 83% of the respondents employed in hospital-based programs (Institutions #1, #2, and #3) have Bachelor of Nursing degrees but only 14% of the nurse educators in the university-based program have a Bachelor of Nursing degree as the highest achieved level.

The difference among the institutions for education as a variable can be readily explained. Since nurse educators from Institution #4 currently teach in a nursing degree program, it is expected that most would have achieved a higher level of education than the degree granted in the program in which they teach. Employment policies may also explain the higher achieved level of education.

Experience. Table 16 also presents participant experience in nursing education by institution. As can be seen, the nurse educators from Institutions #2 and #4 are similar because the largest percentage of nurse educators (50% and 43%) have between 11 and 15 years experience. At least one third of the nurse educators from the hospital-based programs (Institutions

Table 16

Institution by Participant Education and Nursing Educator Experience

	#1 (N=27)		#2 (N=12)		#3 (N=25)		#4 (N=21)	
	n	%	n	%	n	%	n	%
Education Level								
Bachelor	24	88.9	10	83.3	22	88.0	3	14.3
Master	3	11.1	2	16.7	3	12.0	13	61.9
Doctorate	-	-	-	-	-	-	5	23.8
Nurse Educator Experience								
0-5 years	8	29.6	4	33.3	13	52.0	-	-
6-10	12	44.4	1	8.3	7	28.0	4	19.0
11-15	7	25.9	6	50.0	2	3.0	9	42.9
16-20	-	-	1	8.3	2	8.0	4	19.0
20+	-	-	-	-	1	4.0	4	19.0

#1, 2, 3) have five or less years experience. Nurse educators from the university-based program all have six or more years of nurse educator experience and this group also has the

highest percentage (38%) of nurse educators with sixteen or more years of experience.

The data presented in Table 16 indicates nurse educators from the university-based program are most experienced in nursing education. This finding may be expected since the nurse educators from this institution also have also achieved the highest level of education. It may also explain some reported differences in intensity of concerns discussed earlier in this chapter.

Highest Scored Stages of Concern

Hall et al. (1977) suggest that concerns will vary with individuals in type and intensity. Concerns may be more or less intense depending upon the closeness and involvement one has with an innovation. Intense concerns in one stage does not indicate a lack of concern in other stages, only that other concerns may not be as intense at a particular time in the change process. The scores for the SoC statements on the survey instrument indicate a moderate variation in the types of concerns reported as most intense by nurse educators. In order to explore the variation of SoC type and intensity with the nurse educators in this study, the researcher decided to examine the most intense concerns by education level and

nurse educator experience. Table 17 presents data for the SoC nurse educators reported as most intense.

Table 17

Highest Scored Stages for all Nurse Educators

	Stages of Concern						
	Awareness	Informational	Personal	Management	Consequence	Collaboration	Refocusing
	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Total	2	1	38	-	10	25	-
Percent	2.6	1.3	50.0	-	13.2	32.9	-

N = 76
Ties = 9

When examined as a group, the personal concerns of Stage 2 were rated as most intense by more nurse educators in this study (n=38) than any other stage. The second highest rated concern for nurse educators (33%; n=25) focused on the collaboration concerns of Stage 5. This finding may be predictable because the very nature of the Collaborative Baccalaureate Nursing Program, true to its name, involves the cooperation of five nursing institutions in Edmonton. Since the CBAM suggests that there is a predictable developmental

movement of concerns from lower to higher stages, one might expect more nurse educators to report high Stage 3 concerns. However, it is not unexpected for this sample to report collaborative concerns as important when the very nature and success of the new program is dependent upon the cooperative activities among three somewhat different nursing institutions (hospital, college and university-based).

A second point to consider which may further explain high scores for concerns related to collaborative efforts (Stage 5) is the time frame in which this research was done (September, 1991). At that time, committees were actively collaborating in the development of inter- institutional course content outlines. Since all nurse educators in this study held memberships on at least one collaborative related committee and 86% reported memberships in three or more (see Table 6), it is not surprising that cooperative and collaborative activities have a high priority for nurse educators' concerns.

Nine nurse educators cited intense concerns on more than one stage. Four of these nurse educators indicated their concerns were equally intense for the personal concerns of Stage 2 and the collaborative concerns of Stage 5.

Education

When educational preparation was examined by institution, the reported intensity of SoC varied. Table 18 presents data

Table 18

Highest Scored Stage by Education

	Education							
	Bachelor		Master		Doctorate		Total	%
	n	%	n	%	n	%		
1. Stage 0: Awareness	1	2.0	1	4.8	-	-	2	2.6
2. Stage 1: Informational	1	2.0	-	-	-	-	1	1.3
3. Stage 2: Personal	30	60.0	8	38.1	-	-	38	50.0
4. Stage 3: Management	-	-	-	-	-	-	-	-
4. Stage 4: Consequence	7	14.0	2	9.5	1	20.0	10	13.2
5. Stage 5: Collaboration	11	22.0	10	47.6	4	80.0	25	32.9
6. Stage 6: Refocusing	-	-	-	-	-	-	-	-
Total	50		21		5		76	100.0

N = 76
Ties = 9

for the most intense SoC by level of education. The data suggests that as nurse educators attain higher levels of education, more will report concerns in higher stages. The personal concerns of Stage 2 were intense for 60% of the Baccalaureate degrees (n=30). Nurse educators who reported most intense concerns in more than one stage all were at the Baccalaureate level of education. About half of nurse educators with a Master's degree (48%) and 80% Doctorate nurse educators reported highest scores for Stage 5 (collaborative concerns). Although the data do not provide strong evidence for a specific pattern, several inferences can be drawn.

It may be that nurse educators with higher levels of education also have more experience with program development and curriculum change so that the lower concerns often associated with persons inexperienced with educational innovation are less intense for this group. It may also be institution specific. The nurse educators from the the university-based program (Institution #4) have a greater number of nurse educators with Master and Doctorate degrees and this institution reported more intense concerns for Stage 5 and less intense concerns for the lower stages.

Experience

Table 19 presents highest scored stages according to experience in nursing education. When intense concerns are examined for differences by nurse educator experience, there does not seem to be an identifiable trend. A typical nurse in this study regardless of years of experience would most likely have intense personal concerns (Stage 2). There would be only a slight increased likelihood that a nurse with more than 16 years nurse educator experience would report intense collaborative concerns (Stage 5). Half of the nurse educators with 0-5, 6-10, and 11-20 years experience reported personal concerns as most intense (Stage 2). Just over half of the nurse educators with more than 16 and less than 20 years experience reported high collaborative concerns (Stage 5). Nurse educators with 20 or more years experience were divided between intensity at Stage 2, (Personal, 40%) and Stage 5, (Collaboration, 40%) concerns.

Nurse educators experience varying degrees of intensity across the seven SoC. The most intense concerns were reported for the personal concerns of Stage 2 and collaborative concerns of Stage 5. The intensity of concerns may be influenced by the level of education and nurse educator experience in that there is some likelihood that nurse educators who have higher levels

Table 19

Highest Scored Stage by Nurse Educator Experience

	Years of Experience									
	0-5		6-10		11-15		16-20		20+	
	n	%	n	%	n	%	n	%	n	%
1. Stage 0: Awareness	-	-	-	-	1	4.6	-	-	1	20.0
2. Stage 1: Informational	1	4.5	-	-	-	-	-	-	-	-
3. Stage 2: Personal	11	50.0	11	55.0	11	50.0	3	42.9	2	40.0
4. Stage 3: Management	-	-	-	-		-	-	-	-	-
5. Stage 4: Consequence	4	18.2	3	153	13.6	-	-	-	-	-
6. Stage 5 Collaboration	6	27.3	6	30.0	7	31.8	4	57.1	2	40.0
7. Stage 6 Refocusing	-	-	-	-	-	-	-	-	-	-
Total	22	100.0	20	100.0	22	100.0	7	100.0	5	100.0

N=76

Ties=9

[a]Totals do not equal 100%, error is due to rounding.

of education and more experience in nursing education may report concerns in the higher stages of the SoC questionnaire.

Summary

This chapter presented the findings of nurse educators' overall concerns related to the Collaborative Baccalaureate Nursing Program. Most of the nurse educators in the study cited personal concerns as most intense. A number of differences were noted, however, between nurse educators in three hospital-based programs and nurse educators in the university-based program.

A larger proportion of nurse educators from the university-based program have attained academic degrees beyond the Bachelor level. They differ too in that they reported a lower intensity of concerns across all stages when compared to the nurse educators in hospital-based programs. A third difference was the stage reported as most intense. University-based nurse educators reported collaborative concerns (Stage 5) as intense as opposed to the personal concerns reported as most intense by nurse educators from hospital-based programs.

Data from the open-ended questions indicated a variety of concerns specific to the Collaborative Program. No distinct institutional pattern could be detected although some

responses from the university-based nurse educators reflected a community orientated philosophy while hospital-based nurse educators favored a clinical centered approach to nursing practice. Increased workload, student access to years three and four, and government approval were the most commonly cited concerns by both groups.

The following chapter discusses conclusions from the data presented here. Implications for nursing education and practice are also noted.

CHAPTER 5

SUMMARY, CONCLUSIONS, AND IMPLICATIONS

Although nursing education has been characterized by change in response to social needs and attempts to improve educational standards, a review of the literature revealed little research which addresses the needs of the nurse educator during the process of educational change. Since the Collaborative Baccalaureate Nursing Program is an innovative approach to nursing education, little can be found in the nursing literature which specifically addresses such a curricular change. This study represents the first attempt to examine nurse educators' concerns related to the Collaborative Baccalaureate Nursing Program to begin in Edmonton, Alberta, September 1991.

This section summarizes the problem, methodology and findings of the study. Conclusions are stated and some implications resulting from the findings are addressed. Suggestions for further research are also discussed.

Summary of the Study

The primary purpose of this study was to answer the research question: At what Stages of Concern are nurse educators during the planning and development phase of

curricular change in the Collaborative Baccalaureate Nursing Program? This research investigated the nature and intensity of stages of concern experienced by nurse educators in the study. The data for this study were provided by nurse educators' responses to the *Nurse Educators' Curricular Innovation Questionnaire*. The survey instrument contained items for seven Stages of Concern About an Innovation: Stage 0, Awareness; Stage 2, Informational; Stage 3, Management; Stage 4, Consequence; Stage 5, Collaboration; and Stage 6, Refocusing. Three open-ended questions and several demographic questions were added to gain greater knowledge about nurse educators and a better understanding of their concerns. The study also provided an opportunity to discover whether differences in the level of education, nurse educator experience, or institution affiliation have any effect on concerns reported by the sample.

Prior to initiating the data collection, a pilot study was conducted. The instrument was then distributed to three hospital-based nursing programs and one university-based nursing program in September 1990. Eighty-five nurse educators participated in the study. Caution should be taken in any interpretation of the findings since the 85 respondents represent only 47% of the total population of nurse educators in the Collaborative Program. The nurse educators in this

study may also represent a disproportion in the type of respondents (e.g. education level, nurse education experience).

Frequency counts and percentage distributions were used to discuss the (a) personal and professional profile of nurse educators, (b) stages and areas (self, task, and impact) of concerns reported, and (c) responses to open-ended questions. Means and rank order of means were used to determine the intensity of individual SoC items and the relative intensity of each stage by institution. The intensity of nurse educators' concerns were also examined by the variables *institution*, *education level*, and *nurse educator experience*.

Summary of the Findings

Demographic Profile of Nurse Educators

Typical nurse educators in this study are in their 30s or 40s, are employed full or part time, and have a Baccalaureate Degree in Nursing. They represent a group of nurse educators who are characterized by (a) a desire for professional development (half of the nurse educators are currently enrolled in graduate studies), (b) a strong background in nursing practice (more than half have 11 or more years nursing experience) and nursing education (almost half have 11 or more years nurse educator experience), and (c)

participation in the Collaborative Program (86% hold memberships in three or more Collaborative committees).

Stages of Concern

Personal concerns (Stage 2) received the highest mean score in this study (M=4.9). This means that items reflecting statements related to how the Collaborative Program impacts nurse educators personally and professionally are generally more important (when compared to other concerns). This finding is consistent with the CBAM literature which suggests that lower stage concerns are predictably most intense in the early phases of curricular change.

Collaborative concerns (Stage 5) which address the cooperation of others and the coordination of tasks relevant to the Collaborative Program ranked second (M=4.7). According to the CBAM, it is not customary for educators to have higher stage concerns during the initial phase of curricula revision; however, this concern reflects the collaborative nature of the proposed program. Nurse educators also reported strong concerns for the Collaborative Program in terms of how it might affect students (Stage 4, Consequence; M=4.4).

As a group, the nurse educators in this study did not report particularly intense concerns for Stage1 (Informational, M=3.6), Stage 3 (Management, M=3.3), and Stage 6 (Refocusing, M=2.7). The awareness concerns (Stage 0, M=1.8) received the lowest

scores indicating that nurse educators do not consider the Collaborative Program to be irrelevant for them.

Areas of Concern

Just over half of all the nurse educators in this study report concerns for how the Collaborative program will affect them directly (self concerns). Impact concerns (how the Collaborative program will affect work, students, and available resources) were important for one-third of the nurse educators. Nurse educators who report intense self concerns differ from those who report impact concerns in that they are most often employed at hospital-base programs, and have less education and fewer years of nurse educator experience.

Concerns that relate to operational activities (task concerns) were cited as important by few nurse educators (n=10). When task concerns were examined for the variables institution, education level, and education experience, no definite pattern emerged.

Open-ended Questions

The 449 responses to the open-ended questions in the survey instrument were grouped into four general themes: *instructor*, *individual*, *program*, and *student*. Program concerns elicited the greatest number of responses (n=183). These concerns were cited even when nurse educators were asked to comment on instructor, individual, and student concerns. Many

comments related to (a) the transfer of students into years three and four, (b) government approval for the program, and (c) the administrative structure.

Instructor concerns ranked second (n=146) and related to (a) a lack of preparation time, (b) teaching responsibilities, and (c) course development. Increased workload was most frequently cited for individual concerns. Although student concerns received the least number of comments (n=51), nurse educators were most concerned about the type and amount of clinical experience that would be offered in the Collaborative Program.

Institutional Profile

Differences related to intensity of reported concerns, educational level, and nurse educator experience are program-specific rather than institution-specific. Nurse educators from hospital-based programs are most likely to have a greater intensity of concerns across all stages. When the relative intensity of concerns was compared across institutions, a pattern of greater intensity was evident for hospital-based nurse educators which was not apparent for university-based nurse educators.

The most intense Stage of Concern reported by both groups also differed between the two programs. Hospital-based nurse educators, as a group, reported highest scores for

Stage 2, (Personal) concerns. The university-based nurse educators, as a group, reported highest scores for Stage 5 (Collaborative) concerns. Both groups reported low scores for concerns of Stage 1 (Awareness) and Stage 6 (Refocusing).

Hospital and university-based nurse educators also differed in achieved educational level. Most hospital-based nurse educators (over 80%) have achieved a Baccalaureate degree as highest education level. Most nurse educators from the university-based program (86%), however, have achieved a level of education beyond the Baccalaureate degree, either at the Master or Doctorate level.

The institutional profile for nurse educator experience is less distinct than for attained educational level. The findings for this variable suggest that university-based nurse educators may generally be more experienced since they all have at least six or more years experience. One third of hospital-based nurse educators, however, have five or less years experience as nurse educators.

Highest Scored Stages

Personal concerns (Stage 2) were reported to be most important for 50% of the nurse educators in this study. Item 13, "I would like to know who will make the decisions in the new system" received the highest mean score ($\underline{M}$=5.3) in this stage and for all items. Nurse educators were also concerned

about their roles in the Collaborative Program (item 33, M=5.1), and the program's effect on reorganization (item 7), the administrative structure (item 17), and (c) required time and energy commitments (item 28).

As supported in the literature, personal concerns are an expected reaction in the initial phases of change (Fullan, 1982; Newlove & Hall, George, & Rutherford, 1976). The personal concerns important to nurse educators in this study may reflect a need to evaluate the *compatibility* (Rogers and Shoemaker, 1971) of the Collaborative Program with personal needs, values, and roles.

Stage 5, collaborative concerns, were reported by 33% of the nurse educators to be most intense. Concerns cited as most important to nurse educators included (a) developing working relationships within one's institution and between institutions (item 10) and (b) coordinating activities with others (item 27).

When education level was considered, some differences were noted in nurse educators' reported intensity of concerns. Baccalaureate degree nurse educators (60%) were more likely to report personal concerns (Stage 2) as important than were nurse educators with Masters degrees (40%). A greater proportion of nurse educators with Masters (48%) and Doctorate (80%) degrees reported collaborative concerns (Stage 5) as most intense.

No specific trend is evident when most intense concerns are examined by nurse educator experience. Forty to 50% of nurse educators regardless of years of experience reported intense personal concerns (Stage 2).

Although the CBAM studies in the 1970s (Hall, George, and Rutherford; 1977), and Carr's (1985) investigation of teacher receptivity to change established only a modest relationship between concerns and demographic variables, this study has shown that intensity and stages of concern nurse educators experience may be program-specific and be influenced by education level.

Conclusions

The focus of this study was on nurse educators' concerns as they relate to the Collaborative Baccalaureate Nursing Program. This section presents conclusions based on findings and suggests implications for nursing education, practice, and research.

1. *Nurse educators perceive personal concerns as most intense in the initial phases of curricula change.*

The personal concerns at Stage 2 were generally more important for the nurse educators in this study (when compared to other concerns). This indicated they were most concerned about demands of the Collaborative program which

affect them directly. It is not the issues of curriculum change per se that concern nurse educators, it is the uncertainties of how these issues and changes may affect them.

Nurse educators not only cited personal concerns as important for the SoC items but also for the open-ended questions. Many responses to the questions reflected a strong personal component by relating to (a) lack of preparation time, (b) teaching responsibilities, and (c) increased workload. When the SoC were grouped according to Areas of Concern (self, task, and impact), personal concerns were ranked first by the greatest number of nurse educators.

2. *Collaborative issues are important concerns for nurse educators.*

High scores for the collaborative concerns of Stage 5 indicate that nurse educators are concerned about cooperative efforts that are necessary for the successful implementation of the Collaborative Program. Responses to open-ended questions indicated that nurse educators were concerned about maintaining adequate communication and developing good relationships between institutions The collaborative nature of the proposed program which incorporates several nursing institutions into a single program, is recognized by nurse educators as a major force upon which the success of the program depends.

3. *Nurse educators are concerned about the effect the Baccalaureate Nursing Program will have on students.*

Specifically nurse educators were concerned about (a) students' attitudes towards the Collaborative Program, (b) amount of clinical experience available to students, and (c) student outcomes in terms of competency level and professionalism of new graduates. These concerns were evident in the responses to the SoC items, and in the responses to open-ended questions.

4. *Concerns nurse educators experience may be program-specific.* Nurse educators from hospital-based programs are similar to one another but differ from university-based nurse educators in type and intensity of concerns about the Collaborative Program. One of the most evident differences between hospital and university-based programs is that the relative intensity of concerns across all stages is higher for nurse educators in hospital-based programs. Personal concerns (Stage 2) were cited as most intense for hospital-based nurse educators while university-based nurse educators cited intense collaborative concerns (Stage 5).

Responses to the open-ended questions indicated that nurse educators from the hospital-based programs were more likely to give hospital-orientated responses in that their concerns related to acute care bedside nursing as opposed to

community-related nursing concerns cited by university faculty respondents.

5. *Nurse educators with higher levels of education may experience higher stages of concern.*

Nurse educators who had achieved Masters degrees made up 25% of the total nurse educators in this study and 6% of the group held Doctorate degrees. Almost 50% of nurse educators with Masters degrees and 80% of nurse educators with Doctorate degrees are most concerned about collaborative activities (Stage 5). This compares to 22% of Baccalaureate nurse educators who reported intense Stage 5 concerns. The majority of baccalaureate nurse educators (60%) reported highest scores for personal concerns (Stage 2).

When the SoC were grouped according to Areas of Concern, impact concerns were important for a greater proportion of Masters nurse educators (47%) and Doctorate nurse educators (100%). Self concerns were reported as intense more often by Baccalaureate nurse educators (65%). The educational level attained by nurse educators in this study may only be a moderate predictor of the concerns reported as most intense since most nurse educators in this study (69%) are at the Baccalaureate degree level.

6. *Nurse educator experience is not a strong predictor of concerns for nurse educators during the initial phase of educational change.*

Generally, similar concerns are reported by nurse educators regardless of their nursing experience. All of the nurse educators with 16 years or more nurse educator experience reported intense collaborative concerns (Stage 5). Since most of these nurse educators also have achieved higher levels of education, any interpretation of this data is difficult because it is not known whether experience, education, or both has influenced their concerns.

Implications

Nurse educators' concerns about the proposed Collaborative Program, the focus of this research, should be of interest to administrators and staff developers involved in the planning of staff development, orientation, and information updating programs. Knowledge of concerns provides greater insight into the change process and therefore the potential for addressing strategies that will ultimately lead to successful implementation of the Collaborative Program. This study may also be of interest to nurse educators involved in this or other educational innovations. Knowledge of affective responses to change and factors which influence these responses may help

individuals gain a better understanding of personal reactions to the process of change.

Nursing Practice and Education

This section suggests implications for the practice of nursing and nursing education. Since this is the first study to be done on nurse educators' concerns related to the Collaborative Program, the listed implications may be representative of only a few of the actual number of possible implications that nurse educator concerns create.

1. This study can initiate discussion among educational administrators and nurse educators involved in the Collaborative Program. Dialogue between these groups may assist in addressing nurse educators' needs as they experience curricular change. In doing so, the transition from the current diploma program to the Collaborative Program will progress more smoothly, increasing the chances for implementation success.

2. This investigation could also prompt the identification and initiation of strategies which address some of the specific concerns cited by nurse educators in this study (e.g., education upgrading, increased workload, lack of preparation time). For example, nurse educators with intense concerns related to a lack of preparation time may not respond positively to inservice programs which focus on the need for establishing

committees or workshops to create new ways of meeting student's learning needs.

The exploration of nurse educators' concerns in this study is an initial step in recognizing concerns as a legitimate part of the curricular change process. Until concerns are recognized as an acceptable aspect of what nurse educators experience during curricular change, staff development programs will continue to place too little emphasis on the needs of those most responsible for the success of the new program and too much emphasis on the technological and operational aspects of the program. It is no longer acceptable to view nurse educators as *rational adoptors* who will accept change as long as there is sufficient information available. What is needed is a recognition that concerns need to be addressed in all phases of the change processes in order to help nurse educators resolve them. It is also important to recognize that unresolved concerns may cause resistance to change and also influence how nurse educators will implement the Collaborative Program in the classroom and clinical area.

It is not enough that nurse educators themselves recognize the intensity and type of concerns they experience during the process of educational change. It is most critical that nursing leaders and administrators are not only aware of nurse educators concerns, but that these concerns are acknowledged,

addressed, and considered in strategies for such activities as staff development programs and information updating meetings.

3. One of the most important implications from this study involves staff development approaches. The knowledge of nurse educators' concerns can aid staff developers and change facilitators to plan and deliver inservice programs for the Collaborative Program that are *personalized* for each participant. This means that general staff development activities directed at a heterogeneous group (in terms of their needs as they experience change) for all nurse educators may be less acceptable. One design option for collaborative staff development programs could include working with small homogeneous groups as opposed to one large group.

Change facilitators should also be aware that staff development efforts may need to be program-specific (hospital-based versus university-based). This study has identified differences in the type and intensity of concerns between hospital and university-based nurse educators which underscores the fact that strategies for these two groups will differ. Staff development programs which are coordinated jointly among the nursing institutions should reflect an awareness of these differences in order to adequately address the needs of both groups.

Knowledge of the varying intensity of concerns also provides an opportunity for assessment and evaluation of staff development strategies. Successful strategies should help nurse educators resolve lower stage concerns and identify higher stage concerns as they develop throughout the process of curricular change.

4. Emphasis on nurse educators' concerns should help to promote professional development and personal growth. Support by administrators in the Collaborative Program for nurse educators' concerns will help nurse educators to both identify and resolve concerns that are program related. Personal growth can be achieved by gaining a better understanding of personal perspectives toward change, those of peers, and of the work situation as one experiences change.

5. This study has provided an analysis of concerns at a single data collection point. It may serve as a impetus for monitoring concerns throughout all phases of Collaborative Program implementation. Monitoring concerns will help to identify the varying degree of intensity of concerns as nurse educators move towards adopting the Collaborative Program. Such monitoring can provide ongoing feedback for administration, staff developers, and change facilitators.

6. Results of this study could contribute to the development of guidelines and policies that will provide as smooth a

transition as possible for nurse educators moving from traditional diploma programs to the new Collaborative Program. Specifically, when change is viewed as a process and not an event and concerns are viewed as dynamic rather than static, Collaborative Program activities can be spread over time and introduced in relationship to the changing concerns of nurse educators.

Nursing Research

Although this study has provided some useful information about nurse educators' concerns about curricula collaboration, more empirical research needs to be done in order to support or refute the findings and to further explore the subject. It is hoped that the following recommendations for further research might achieve these goals.

This study could be replicated using other populations of nurse educators in order to further substantiate the generalizations that have been made here or identify different ones. Research about nurse educators' concerns could also be done using populations of nurse educators who work in administration. It might be valuable to the success of the change process to identify whether administrators have concerns which set them apart from teaching nurse educators.

Those employed at nursing college programs represent another group who were not part of this study. Future studies

which include such programs may be valuable in learning aspects of nurse educators' concerns that were not available for examination in this study. The inclusion of college programs may provide more information on reported concerns that may be program-specific.

A number of limitations in this study could be overcome by replications that have a larger sample of nurse educators. A higher response rate would better represent the nursing population from which it is drawn. A larger database in which to study concerns by education level (especially those with Doctorate degrees) would produce findings that may be more generalizable.

This investigation represents nurse educators' concerns at a single point in time during the initial development of the Collaborative Program. Since concerns will vary as nurse educators gain more experience with the Collaborative Program, ongoing research needs to be done at different phases of the change process. This can be achieved by periodic assessments based on empirical research methods. Studies similar to this one could justify the need for an ongoing diversity of staff development programs and the strategies used within these programs.

Replication of this study could examine educators representing a wide variety of academic fields other than

nursing. Such studies may further identify different concerns and different variables that influence these concerns.

Summary

The concerns nurse educators report as they experience change are characterized by varying degrees of intensity, are individual-specific, and may also be program-specific. In this study, nurse educators as a group reported personal concerns and to a lesser extent, collaborative issues related to the Collaborative Baccalaureate Nursing Program as most important. Knowledge of concerns may provide a valuable tool for nurse educators' personal and professional growth and for staff development activities during implementation of the Collaborative Baccalaureate Nursing Program.

Curriculum changes are important if nurse educators are to define their work in professional terms and achieve greater autonomy and control over their practice. It is hoped that this investigation will contribute to nursing education by providing some understanding and insight into the personal dynamics of curriculum change for nurse educators.

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APPENDIX A:

Cover Letter/Survey Instrument

Shirley Fisk
7608-131A Ave.
Edmonton, Alberta
T5C 2A1

SURVEY OF NURSE EDUCATORS' CONCERNS

Fall, 1990

Dear Nurse Educator,

I am currently working towards a Master's degree in Adult Education at the University of Alberta. I am interested in the dynamics of educational change and its impact on nursing faculty. Since the nurse educator is most affected by the change and has the greatest influence on the success of its implementation, it is important to gain an understanding of the concerns that arise from the change process. I have chosen to research the concerns nursing faculty have related to the proposed *Collaborative Baccalaureate Nursing Program*. By participating in this study, you will assist me to gather meaningful information in this area.

I am requesting that you complete the attached questionnaire which seeks to measure your present concerns about the *Collaborative Baccalaureate Nursing Program*. The questions take approximately 25 minutes to complete. Please mail the completed questionnaire to me by using the stamped, self-addressed envelope included. Please do not sign the questionnaire. Care has been taken in the planning to ensure anonymity of all participants.

Participation in this study is voluntary. You may choose not to complete the questionnaire. Completion of the questionnaire will be taken as consent to use the information in this study.

Thank you for your help. A report of the findings will be sent to your nursing school. I hope you will find them of interest and value.

Sincerely,

Shirley Fisk
University of Alberta
Adult, Career, and Technology Education

Enclos.

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Section II
Based on your **present concerns**, please respond to the following questions in the space provided.

36. What personal concerns do you have related to the *Collaborative Baccalaureate Nursing Program?*

37. What concerns do you have regarding the tasks involved in this collaborative program?
    A. Curricular Tasks (e. g., participation in curriculum development activities):

B. Staff Development Tasks (e. g., attending meetings/keeping informed program developments):

C. Organizational Tasks (e. g., utilizing team teaching/development of course leaders:

38. What concerns do you have related to the collaborative program and expected student outcomes?

Section III

Please check the appropriate answer or complete the question in the space provided.

39. Age:
    a _____ 20-30
    b) _____ 31-40
    c) _____ 41-50
    d) _____ 51-60
    e) _____ 60 +

40. What is your highest educational attainment?
    a) _____ Diploma in Nursing
    c) _____ Bachelor's Degree
    e) _____ Master's Degree
    g) _____ Doctorate Degree

41. Are you currently enrolled in a postgraduate program?
    _____ Yes _____ No

42. Years of experience in nursing (other than education):
    a _____0-5
    b) _____6-10
    c) _____11-15
    d) _____16-20
    e) _____20 +

43. Years of experience as a nurse educator:
    a) _____ 0-5
    b) _____ 6-10
    c) _____ 11-15
    d) _____ 16-20
    e) _____ 20 +

44. Please indicate the number of committees associated with the *Collaborative Baccalaureate Nursing Program* in which you are currently a member or have been a member.
    a) _____ 0
    b) _____ 1-2
    c) _____ 3-4
    d) _____ 4 or more

APPENDIX B:

Pilot Study

1. Cover Letter
2. Survey Instrument
3. Discussion Questions

Shirley Fisk

7608-131A Ave
Edmonton, Alberta
T5C 2A1

July, 1990

Dear Educator,

I am presently working towards a Master's degree in Adult Education at the University of Alberta. The topic for my thesis focuses on the Collaborative Baccalaureate Nursing Program currently being planned. Specifically, I am interested in the concerns nursing faculty have in relation to this proposed curriculum change. In order to examine this area, I would like to conduct surveys in each of the five participating nursing schools in Edmonton.

I would appreciate it if you would complete the questionnaire. The feedback you give me will help to identify any problem areas and make the necessary changes before the surveys are sent to the individual institutions. I have included several questions on the following page that may assist you with your feedback. Please do not sign the questionnaire. Thankyou for your assistance.

Sincerely,

Shirley Fisk
University of Alberta
Faculty of Adult, Career, and Technology Education

Enclose

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Section II
Please respond to the following questions in the space provided.

36. How do you think the program will affect you personally?

37. What impactdo you expect the CollaborativeBaccalaureate Program will have with regards to tasks?

Curricular Tasks (Eg. membership/attendance in curriculum development groups):

Staff Development Tasks (Eg. keeping up to date with the progress and development of the program):

Institutional/Structural (Eg. development of course leaders/team teaching)

38. What impact/effect do you think the new program will have related to student outcomes?

Section III

Please check the appropriate answer or complete the question in the space provided.

39. Age:
    a _____ 20-30
    b) _____ 31-40
    c) _____ 41-50
    d) _____ 51-60
    e) _____ over 60

40. Educational preparation:

    a) _____ Diploma in Nursing
    b) _____ Diploma (other) _____
    c) _____ Bachelor of Science in Nursing
    d) _____ Undergraduate Degree (other) _____
    e) _____ Master's Degree in Nursing
    f) _____ Master's Degree (other) _____
    g) _____ Doctorate Degree in Nursing
    h) _____ Doctorate Degree (other) _____

41. Are you currently enrolled in a postgraduate program?
    _____ Yes _____ No
    If Yes please specify.

    _____

42. Experience in nursing service (years):
    a _____ 0-5
    b) _____ 6-10
    c) _____ 11-15
    d) _____ 16-20
    e) _____ over 20

43. Experience as a nurse educator (years):
    a) _____ 0-5
    b) _____ 6-10
    c) _____ 11-15
    d) _____ 16-20
    e) _____ over 20

44. Please indicate the number of committees associated with the Collaborative Baccalaureate Nursing Program in which you are currently a member or have been a member.
    a) _____ 0
    b) _____ 1-2
    c) _____ 3-4
    d) _____ more than 4

Discussion questions:

If you wish to make comments on the questionnaire itself, please do so.

Please comment on anything you feel might be of assistance to me (Eg. content, semantics, format, spacing, .etc..).

1. How long did it take you to complete the questionnaire?

2. Are there any questions that seem ambiguous, unclear, or irrelevant to you?

3. Did you have any difficulty with any particular question(s)? If so why?

APPENDIX C:

1. Cover Letter
2. Background to Research

Shirley Fisk
7608-131A Ave
Edmonton, Alberta
T5C 2A1

Dear

I am presently working towards a Master's degree in Adult Education at the University of Alberta. The topic for my thesis focuses on the Collaborative Baccalaureate Nursing Program currently being planned. Specifically, I am interested in the concerns nursing faculty have in relation to this proposed curriculum change. In order to examine this area, I would like to conduct surveys in each of the five participating nursing schools in Edmonton.

I am requesting permission to conduct a survey among instructors from the the ----------. The data collection is not planned until the first week of September, 1990. A brief background to the study and a copy of the questionnaire has been included to provide you with further information. This study has been approved by an Ethics Review Committee in the Department of Adult, Career, and Technology Education. The results of the study when completed will be forwarded to your institution. Thankyou for your consideration.

Sincerely,

Shirley Fisk
University of Alberta
Faculty of Adult, Career, and Technology Education

Enclos.

BACKGROUND OF THE PROPOSED STUDY

TITLE

Curricular Change: Nurse Educators' Concerns

PURPOSE OF THE STUDY

It is the aim of this inquiry to identify the concerns nurse educators have that relate to the proposed Collaborative Baccalaureate Nursing Program. It is hoped that this investigation will contribute to nursing education by providing some understanding and insight into the personal dynamics of curriculum change for nursing faculty.

NEED FOR THE STUDY.

Curriculum changes are important if nurses are to define their work in professional terms and achieve greater autonomy and control over their practice. However, much of the current literature on educational change provides too little emphasis on those who will be directly affected by the change process. This is unfortunate because the success of any curricular innovation is largely dependent upon the participation of teachers. The knowledge of change dynamics may be incomplete because users' perspectives are often ignored.

Before any innovation can be implemented, individuals must accept it and be comfortable with it. This factor underscores the importance of teacher concerns. The recognition of teacher concerns as a critical element in the change process is most apparent in the theoretical framework used for this study: The

Concerns Based Adoption Model (CBAM) developed by Hall, Wallace, and Dossett (1973).

SURVEY INSTRUMENT

The seven *Stages of Concern about an Innovation* (SoC) (see Appendix A) is one of the main components of the CBAM model and describes the perceptions, feelings, and motivations that teachers have when experiencing change. The SoC survey instrument (see Appendix B) was developed by Hall, George, and Rutherford (1977). Each of the questions in Section I represents one of the stages of concern identified in Appendix A. The remaining four questions in Section II were developed by the researcher in order to further expand on the information in Section I.

DATA COLLECTION

In September 1990, the survey instrument will be delivered to five institutions with a cover letter of explanation and a self-addressed, stamped, return envelope. A sufficient number will be provided so that a copy can be placed in the mailboxes of each nurse educator who is not in an administrative position. The population is relatively small and targeting the total population ensures a larger rate of return since completion rates to mailed surveys tend to be low. Efforts will be made to maximize the return rate through follow-up letters to be sent out in mid-September, two weeks after the initial distribution. In the case of a low return rate, additional reminders will be delivered with the inclusion of a second copy of the questionnaire.

ETHICAL CONSIDERATIONS

Choosing to complete or not complete the survey will be an individual decision. The identity of the participants will be safeguarded because each questionnaire will be coded by the *Research and Development Group* of the Collaborative Baccalaureate Program. Participant identity will not be known even to the researcher. The purpose of the coding is to identify the institution and the nonrespondents. Follow-up procedures for the nonrespondents will also be done through this coding procedure.

Stages of Concern About an Innovation definitions omitted due to copyright restrictions.

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APPENDIX D:

Follow-up Letter

NURSE EDUCATORS' CONCERNS QUESTIONNAIRE

Date

Dear Nurse Educator,

I have received a number of responses to the *Concerns Questionnaire* from instructors at ---------- I would like to thank everyone who has participated so far. The response rate however is rather low. I would appreciate hearing from you so that the results of my study will include a fair representation from your institution and provide a more realistic picture of nurse educators' concerns in Edmonton.

Again, I would like to thank all those who have already participated and encourage those who have not to do so.

I have left a number of additional copies of the questionnaire at the desk. Please return the completed questionnaire through campus mail by October 22, 1990. If you have any questions phone me at 476-1109.

Thank you for your consideration.

Shirley Fisk
Graduate Student
Adult and Higher Education